

**MY WIFE, MY CHOICE:
REPRODUCTIVE POLICYMAKING AND SOCIAL CONTROL IN TURKEY**

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PELIN AZER BINNET

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CO-ADVISOR: JOE SOSS
CO-ADVISOR: DANIEL KELLIHER

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Dedication

This thesis is dedicated to my mom Figen and dad Mehmet – the two incredibly loving people who always encouraged me to learn, to laugh, and to grow.

Abstract

Looking at the trajectory of Turkish reproductive politics since the 1960s in three distinct periods, this study examines the mismatch between liberal legal reforms, and the lack of change in the gendered reproductive and sexual discourses within a context. By using interpretive policy analysis and discourse analysis, I follow the reproductive policymaking narratives in Turkey to examine to understand how reproductive reforms can create mechanisms of social control over women – and how women and families circumvent these mechanisms in pragmatic ways in return. I make use of newspaper archives going back to the 1950s and Parliament debate transcripts to understand what different reproductive technologies meant for the policymakers and the public, why certain technologies were legalized while others were not, what kinds of social norms the policymakers and the public expected these technologies to work within, and how the abortion debate changed in Turkey during the 2000s to re-politicize the issue after its “resolution” by the military government of early 1980s. I trace the evolution of reproductive policies along with the discursive creation of its constituents, and the discursive creation of the discriminatory gendered and economic rationalities they depend on.

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CHAPTER I

INTRODUCTION

I. The Question

This study came out of a personal confusion over the political and social meanings of a particular reproductive service – abortion – and grew into something bigger that encompassed the sociopolitical trajectory of reproductive and family planning policies in Turkey. I grew up in Turkey at a time when Turkish movies airing in the middle of the day could allude to single women having to have abortions in order to conceal extramarital affairs, and when having an abortion was mostly better for single women than having to admit having had sexual relations with men. In other words, I knew what abortion did and why it was “absolutely necessary” within the social conditions I was aware of as a young Turkish woman - including experiencing some of my close friends making this decision in light of their age, career goals, outlooks on their relationships, and the social stigma about even asking for your parents’ help while going through an abortion. In addition to that, during my 20s I also came to realize married women also had abortions for myriad reasons – because husbands as the main breadwinners did not want to have more children (and sometimes made their wives terminate a pregnancy they might have wanted), or because women themselves were unsure about the fate of their marriages, and simply because to limit births after having

had children. In that sense, abortion as I understood it was imperative in Turkey as a “social ailment” as much as a birth control tool.

What truly confused me in light of all this, however, was two things. One was that even though abortion was ubiquitous, it was almost invisible to everybody but the women who actually had abortions. Not only were there no political debates on abortion in Turkey (unlike numerous other countries in the world, especially the U.S. where I was living), but I was actually asked by two (male) Turkish Political Science graduate students whether abortion was legal in Turkey. In fact, they were quite surprised to learn that, yes, abortion had been legal in Turkey until the 10th week of gestation since 1983 – and had been illegal but commonly practiced in relatively safe conditions even before that. It was surprising for them to learn abortion was legal in Turkey because its existence had never been questioned in Turkey for the past 30 years, or even acknowledged despite its practice. For those who knew legal abortion was accessible in Turkey, it was a necessary evil that would be safer to keep untouched and unexposed¹. And for those who had no idea whether abortion was legal or not in Turkey, it simply was not something they thought as a relevant matter for Turkish politics.

The second confusion I had had to do with what I read about abortion politics, and the points where the Turkish case contradicted it. For one, abortion becoming legal is commonly accepted to be a progressive legal change, one that is expected to provide

¹ In fact when I mentioned I was writing on abortion politics while I was doing research in Turkey, to my surprise I was criticized several times by different women for stirring an issue that should be kept untouched so that nobody would try to restrict it. Shortly after I started working on this project, the Prime Minister Recep Tayyip Erdogan did announce the government was working on to limit legal abortion, which is – needless to say – coincidental.

women with more reproductive freedom. While I think access to legal abortion is absolutely necessary and literally a matter of life and death for women (and especially for lower class women who might not be able to access relatively safe illegal abortions), I suspected it might also be necessary for us gender scholars to complicate our considerations of what legalization of abortion might mean across different contexts. In that sense, in this study I argue while it is absolutely critical, legal abortion is not always a liberal or progressive policy change, partly because of how it comes about and because of the gendered, classed and racial biases this process bolsters. It contains contradictions that provide women with more options for reproductive autonomy, but not all the time. Women do make use of legal abortion pragmatically, but not always as rights-bearing, autonomous individuals theoretical considerations of abortion reform seem to assume. Especially when it gets tangled with national family planning projects², and classed and racial considerations of differential fertility, abortion reform becomes a multilayered push and pull of social control mechanisms and evasions on the part of individuals and families. In that sense, the political and discursive emergence of abortion reform – and reproductive policymaking in general – influences its effect and practical uses within a society, and usually ends up in a place hard to define on a single axis.

² In the study, I use “population policy” (also “population projects”) and “reproductive policy” separately. According to the Population Council report (Demeny 2003, 2), population policies “are deliberately constructed or modified institutional arrangements and/or specific programs through which governments influence, directly or indirectly, demographic change. For any given country, the aim of population policy may be narrowly construed as bringing about quantitative changes in the membership of the territorially circumscribed population under the government’s jurisdiction.” While population policies aim a combination of particular tools to manage the population numbers, reproductive policies are wider in scope and objectives. Reproductive policies govern any and all reproductive technologies as well as the laws which informally or formally partition the authority over biological capacities of men and women. Reproductive policies in that sense do not have to target population statistics, but they critically determine the characteristics of individuals who can bear or not bear children, and through which means.

For this purpose I use the Turkish case to make the point in this study that there is often mismatch between legal change in reproductive laws and the lack of change in the restrictive gendered, classed, racial norms constraining women's authority over their reproductive capacities and decisions. By using interpretive policy analysis and discourse analysis, I follow the trajectory of reproductive policymaking in Turkey to examine the discourses³ in addition to the legal institutions that make these policies in order to understand how reproductive reforms can create mechanisms of social control over women – and how women and families circumvent these mechanisms in pragmatic ways in return. I make use of newspaper archives going back to the 1950s and Parliament debate transcripts to understand what different reproductive technologies meant for the policymakers and the public, why certain technologies were legalized while others were not, what kinds of social norms the policymakers and the public expected these technologies to work within, and how the abortion debate changed in Turkey during the 2000s to re-politicize the issue after its “resolution” by the military government of early 1980s. I trace the creation of reproductive policies along with the discursive creation of its constituents, and the discursive creation of the political and economic rationalities they depend on. Reproductive policies in that sense demonstrate the discursive as well as institutional asymmetries of power between the state and the public, the elites and the

³ I use discourse as (Panizza and Miorelli 2013, 5) who refer to Laclau's (1980) definition: “Discourse is not a neutral medium of signs and symbols that simply connects ideas and objects. Discursive practices involve binding together heterogeneous ideational elements that have no necessary logic relations among themselves and were not previously thought of as belonging together in a relational ensemble. Thus, discursive practices enable actors to experience and think about the world in certain ways. In doing so, discourses crystallize power struggles and set the parameters of what is *sayable* and indeed *thinkable* in a given social order.”

lower classes, men and women, and also between upper class and lower class women in Turkey.

In this light, I think this is a story about a number of interrelated things. One is how legal abortion operates within a contexts where sexuality and procreation are placed mainly under familial authority rather than defined as an individual right or freedom (Parla 2001). Another is how liberalization of reproductive technologies might at times fall short of terminating the social and material constraints women face with regards to reproductive decisions - mainly because liberalization of these technologies never actually meant to change the existing gendered social norms. In other words, I follow Roberts' (1997, 11) argument that "the critical issue for feminists is not so much the content of women's choices, or even the 'right to choose', as it is the social and material conditions under which choices are made". In that sense, the link between reproductive (or, specifically abortion) reform and reproductive autonomy is tenuous, and liberal reforms have as many contradictions within themselves to call for analyses further than the institutional political emergence of these laws. At least with regards to the Turkish case, reproductive policymaking despite being more reformative than restrictive in nature, enabled the maintenance of existing patriarchal social relations pertaining to reproduction, contraception, and sexuality.

Lastly, as Kellough (1996) states there are almost always disjunctures between legal formalities and daily realities of reproductive practices. I argue this is mainly because the social or discursive quality of reproductive technologies in addition to their institutional quality. Each reproductive technology has a social meaning surrounding it

which also influences whether it is permissible from the point of the policymakers as well as the society. As has been the case in Turkey, kinds of assisted reproduction (such as in vitro fertilization with specimen from married partners) could be subsidized by the government at the same time gamete donation is criminalized – all this despite the great importance given to having children and the stigmata of infertility. Consequently, while individuals might continue to use illegal technologies if they are socially acceptable to serve economic or societal purposes, when reproductive reforms get further away from existing social practices (or became truly “reformative”) they can also be disregarded⁴. In that sense, the discourses surrounding reproductive technologies are important for both policy makers and their potential users – states can and do discriminate among available technologies in light of their (possible) social roles and meanings, and individuals use or disregard them pragmatically in light of social norms and economic necessities.

II. Religion as a Factor? : Islam and Reproductive Technologies

Before going further with the study, I think it would be useful to clarify the role of religion in reproductive policymaking in Turkey for two reasons. The first and obvious reason is because religion is one of the major “variables” in reproductive politics as well as religious groups being one of its major actors, and not only in Turkey but across the world. Religion and religious networks constitute the biggest, and recently the strongest

⁴ For example, Turkey liberalized birth control pill and IUDs during 1960s in order to change the family planning practices and limit population increase. But since the new population policy only targeted women - who were not the authorities on the method of birth control in the family - it ended up being largely disregarded.

opponents of specific reproductive technologies, particularly of abortion. The second reason is because despite its influence, the nature and political impact of religion in Turkish reproductive policies have had important differences. As it will become clear in the coming chapters, in Turkey there were no organized or institutionalized religious actors in the political domain until the recent rise to power of AK Party group. However, before the 2000s, the lack of an organized religious opposition to abortion was a Western phenomenon. Thus, I think this difference Turkey and many other Muslim majority countries have with majority Christian nations in terms of reproductive politics is critical in explaining the trajectory of these policies, as well as providing an alternative narrative about the (different) roles religion might play in reproductive politics. Of course, by this I do not mean that religion has been irrelevant or foreign to reproductive debates in Turkey or other Muslim majority countries. In Turkey at least, there has always been those who opposed abortion (or contraception, gamete donation, etc.) publicly and individually in light of their religious principles. But they had never become an organized collective which could make their opposition a politically viable campaign until very recently. In that sense, what we have learned so far about reproductive politics (at least from the academic perspective) depends significantly on cases where Christian religious groups have successfully organized around a political agenda concerning “right to life”. In fact, the political role of religion in other contexts (be it Muslim or Buddhist or Shintoist) is relatively unknown. And although in this study I do not make religion the primary lens through which I trace Turkish reproductive policies, I think its relevance as well as its differences from the literature requires acknowledgement. That there had not been

instituted political actors opposing reproductive technologies in cases such as Turkey makes the effect of religion less visible and different from cases such as the U.S., while still being relevant to the trajectory of reproductive politics.

Another reason why I wanted to lay out how religion interacts with reproductive politics in the beginning of the study is very practical – it is not widely known what kinds of reproductive technologies might be legal in majority Muslim countries. There is some variation across states despite religious similarities (i.e. abortion) as well as policy convergence on certain issues (i.e IVF.) In very broad terms, reproductive laws of Muslim majority Middle Eastern countries are very similar with regards to the legal standing of IVF while the status of abortion and gamete donation are more varied. For example, IVF is legal in all Muslim countries of Middle East *as long as the egg and the sperm are coming from the married couple*. However, gamete donation from outside providers and surrogacy is illegal in these countries. On the other hand, legal contraception is homogenous across the region. This is not very surprising because birth control is not only allowed but encouraged for the sake of the welfare of the existing children and maternal health in Islam . What's more, the Pan-Islamic conferences since the 1960s have approved the use of birth control for economic reasons⁵.

The status of abortion in the majority Muslim nations within the Middle East region and across the world is more varied. While this heterogeneity is mostly caused by how religion is organized in relation to the state, it is also partly caused by the variation in Islamic scholarly opinions on abortion. For example, some scholars of Islam have

⁵ In fact until the recent reversal of state doctrine, Iran had been the forerunner of family planning projects among Muslim nations.

argued abortions can be allowed before the ensoulment of fetus, a threshold varying between 40, 90 or 120 days depending on the school of thought (Hessini 2007). Especially because there is no “one” central authority to make a definitive statement within the Islamic world, who can legitimately and decisively comment on the issue is open to debate. One exception to this however is termination of pregnancies resulting from extra-marital relationships where abortion is clearly forbidden. On the other hand, issues of fetal rights and when life begins have been somewhat foreign debates to traditional Islamic thought as well as the abortion legislation in the Middle East. Consequently, abortion laws in the Middle East are nothing but uniform, regardless of the religious similarities between countries. What’s more, there doesn’t appear to be a link between state religion, individual religiosity and abortion prevalence in the region either (Hessini 2007, 82). For example, while abortion is legal when the woman’s life is at risk in all countries in the region, Turkey and Tunisia are the only two countries which allow for abortions on all grounds in the first trimester. Risk to physical health is grounds for abortion in Jordan, Kuwait, Morocco, Qatar, Saudi Arabia, whereas risk to mental health in addition to physical health is legal grounds for abortion in Algeria. While Kuwait and Qatar allow abortions on grounds of fetal impairment, rape provides legal grounds for abortion in Sudan, possibly for political and social reasons more than religion per se⁶.

⁶ Granted, abortion laws are not particularly indicative of actual abortion practices. For example, although Iran has one of the strictest abortion laws among the Muslim states, it also has one of the highest abortion rates (Hessini 2007). Furthermore, countries like Tunisia and Turkey which legalized abortion with very little political opposition (if any) actually did so under less than liberal conditions although legalization of abortion could have been in the political agenda for a considerable time, as it had been the case in Turkey.

A crucial but rarely acknowledged aspect of the history of abortion politics in the Middle East however, is the fact that abortion restrictions or regulatory decrees on abortion were not indigenous to the region (Hessini 2007). In fact, laws prohibiting abortion in the region were first imported during colonial rule or modernization periods where European laws were translated to local books. Before this, there is hard to find official/legal regulations on abortion although it is one of the oldest birth control methods known to man. In other words, (either supportive or opposing) views of abortion did not make it to the political sphere with the support of local and/or religious sentiments or mobilization in the Middle East. For example, Saudi Arabia's Islamic code is more permissive in terms of abortion than that of Libya which was derived from Italian law (Hessini 2007).

Similarly, the first ever political decree on abortion (which was a restriction) in Ottoman history in 1858 was strongly inspired by the 1810 Napoleonic Penal Code. Gürsoy (1996, 532) finds that while "among the [Ottoman] population at large [abortion] was not regarded as a moral issue, sensitivity to abortion as a moral consideration among the leading Ottoman elite seems to have had its roots in European ethical and value systems." Until then and later on, abortion was one of the primary tools of birth control in the Ottoman Empire and Turkey, usually combined with use of withdrawal as another prevalent control technique. That is also why regulation of abortion was primarily related to racial or ethnic (thus, political) populational concerns. For example, the primary push towards abortion restrictions, as both Gürsoy (1996) and Miller (2007) find is the pronatalist sentiment which was threatened by a supposed "race suicide" within Muslim

(according to Gürsoy 1996) or Turkish (according to Miller 2007) population in the Empire. Birth control was practiced, either with traditional methods or abortion, primarily keeping the welfare of the existing children in mind⁷.

Obermeyer (1995, 59) argues “while the [religious] doctrine has a degree of flexibility on issues of reproduction, the political context is a key factor for understanding the way in which religious doctrine is interpreted.” This I think is an especially relevant argument for the Turkish example because of the political pull and push between state and religion across a variety of issues, including reproduction. On the one hand the Turkish state did not particularly have to face an institutionalized or organized opposition to family planning initiatives. This was mostly because the Republic had established and institutionalized its power over religion within the political system under the Republican ‘laicite’ principle⁸. As a result, the Republican state had some control over religion, both in terms of institutionalized religion (the Presidency) and in terms of castigating and prosecuting religious groups and political parties. Although the Presidency of Religious Affairs at times gave contradictory and changing statements on family planning, it was in the end a state institution. And since religious groups in Turkey organized around

⁷ Although not directly related, it is also very interesting that first modern abortion ban originated from secular law of England in 1803 instead of originating from Catholic cannon law. Gordon (2002, 26) states that until then the “quickening” principle was used by both Catholic and Protestant churches which made abortion permissible until the moment at which the fetus was believed to gain life. U.S. courts also upheld this principle until 1845.

⁸ The central and highest office of religion within the Turkish Republic is the Presidency of Religious Affairs which was founded in 1924, not coincidentally after the termination of the ministerial body on religion established four years before it. Parallel to the Republican principle of utmost primacy of state over any matters (including rights and freedoms), the reason for not making the new office as ministry was that religion should not become an autonomous force that could become an entity beyond the reach of the Republican state. Thus, the Prediency has and still is a state institution that does not have autonomy with regards to opposing legal or state conventions, although it might provide advice on religious matters.

religious leaders who were far from being state officials, the opinion of the Presidency was not particularly representative either. Nevertheless, the policymakers sought support from the Presidency, and overall family planning was a cooperative effort rather than a contentious one. Statements made by the Presidency on family planning between 1970s and 2000 varied from more accepting of family planning to rarely less so, but it never became a strong center of opposition that conservative Muslims would unite around.

On the other hand, the discretion of the state with regards to religion was not unlimited – especially because religion has had an important social, practical and individual/communal effect on contraceptive practices in Turkey. Families, and especially men as the primary contraceptive decisionmakers and access points to religious authorities have been known to seek the advice of such religious “experts” with regards to birth control. This is no doubt one of the reasons why Turkish policymakers were also careful about defining birth control as something that was in line with Islamic principles since the first birth control initiative of 1960s. In fact, reproductive policymakers were careful not to offend religious sensibilities or antagonize more conservative groups in the society throughout the 1960s and 1980s debates. This was not an impossible task in that religious sensitivity was also in harmony with the non-revolutionary character of birth control provision in Turkey as a scientific population planning (rather than a female emancipation) tool. Furthermore, religion provided policymakers another way to reach people, especially lower class families who were specifically targeted for birth control. Many people in newer urban neighborhoods sought the opinion of local religious authorities on birth control and proper religious conduct

with regards to birth control, and considered local religious authorities to be more legitimate than other local or professional elites, and the state tried to reach men through neighborhood imams and muftis (*Milliyet Daily* 1996a). For all these reasons, not contradicting religious sensibilities worked well with the overall reticent nature of family planning policy with regards to disturbing existing class and gender asymmetries in Turkey. For policymakers it was important to demonstrate birth control was in line with Islamic principles, a goal that was further facilitated by the conservative nature of the family planning initiative.

However, this institutional and symbiotic dynamic between religion and reproductive policymaking has shifted quite a bit since the early 2000s in Turkey. The rise of religion that emanated from social networks rather than state guided institutions have altered the role of religion in Turkish reproductive politics. What is more, the rise of religiosity as a politically “acceptable” stance in Turkey not only changed the debate on reproductive technologies, but also carried this debate into a frame of morality and “right to life”. As I will elaborate more on the 3rd chapter, the consecutive AK Party governments in Turkey during the 2000s not only imported numerous features of the American pro-life movement, but also made the pro-life discourse a politically viable one⁹. In that sense, the Turkish example is not only illustrative in terms of how the

⁹ Another great example of interaction of Islam and state in the Middle East with regards to reproductive politics is Iran. Although it has been one of the strictest religious regimes in the region, Iran was also an active policymaker in terms of family planning and birth control until very recently. As Hoodfar (1996), Tremayne (2004), and Abbasi-Shavazi et al. (2008) argue, even though religious doctrine has been the utmost law in Iran increases in population, the financial losses following the Iran-Iraq war of 1980s in addition to the sanctions and severed ties with Western nations pushed even these previously pronatalist religious leaders to change their opposition to birth control at the end of 1980s. There appears to be

interaction between religion and state with regards to reproductive policies can be reconfigured when state dominates religion, but also in terms of how dynamic and the varying the effect of religion in its historical trajectory can be on reproductive politics.

III. Reproductive and Contraceptive Practices in Turkey: A Brief Outline

In this study, I start examining Turkish reproductive policies in 1960. This is because the 1960s are the first time when a public debate over legality of contraceptives and family planning starts in Turkey. Having lost a great chunk of the male population during World War I and the Independence War, the Turkish Republic had supported pronatalism from 1920s until 1960. Furthermore, in order to increase early marriages and fertility, marriage ages for men and women were brought down in 1938 to 17 and 15 respectively. Even before that in 1929 and 1930, the government had already passed laws subsidizing certain expenses for families with five or more children, and rewarding families which had six or more. The foundation of the pronatalist policies of the period was the 1930 Public Hygiene Law (No.1593) (Hacettepe Institute of Population Studies 2008b). This law not only made the Ministry of Health responsible for improving maternal and infant health in order to increase birthrates, but also criminalized importing, distributing and selling any kind of contraceptives except for those used for other medical conditions.

Abortion had been illegal during the last period of the Ottoman Empire after the decree of 1858, and this illegal standing was preserved in the 1926 Criminal Code of the

considerable flexibility not only in how governments utilize religious doctrine, but also in individual practices with regards to reproductive technologies when constraints and necessities make it inevitable.

Turkish Republic. Penalties for abortion were then further reinforced in 1936 and once again in 1953. At the same time, however, the kind of crime abortion was to be legally defined has changed in Turkey after the adoption of a version of the Italian Criminal Code in 1936. Before this amendment abortion had been in the books as a crime of voluntary miscarriage without any greater reference. With this amendment, however, abortion was redefined as a “Crime Against The Integrity and Health of the Race” (Hacettepe Institute of Population Studies 2008b). The amended law thus redefined abortion as “an assault on the sovereign to make live...Abortion is murder, that is, not because it ends the life of the fetus, but because it renders impossible the future existence of the citizen” (Miller 2007, 48). This redefinition actually foreshadowed the “public” nature of abortion in Turkey even after it was legalized in 1983 – as an intervention that concerns the greater social body instead of the individual, be it the woman or the fetus¹⁰. The same 1936 amendment also criminalized sterilization, “procured impotence to procreate” and promotion of limiting procreation to either sex (Miller 2007, 46). Criminalization of abortion, modern contraceptives and sterilization did not only depend on a numerical concern, but also a societal one as well.

¹⁰ Such a description of abortion as a “public” matter instead of an “individual” one has not been exclusive abortion. In fact, it is emblematic of how female sexuality, and issues related to female sexuality has been handled in Turkish legal system. For example, until the 2005 change in the Turkish Criminal Code, sexual assaults against women were separated from other forms of assault by being grouped under “Felonies Against Public Decency and Family Order” instead of being categorized under “Felonies Against Individuals” as had been the case for all other forms of assault aimed at individuals (Parla 2001, 77). That sexual assaults against women were grouped under “Felonies against Public Decency and Family Order”, implied woman’s body was not an individual matter, but under the responsibility and protection of the family. Erecting women’s legal standing within the civil and criminal codes not only bound the female citizen to the family as the authoritative collective unit, but also bound women’s sexuality under the administration of the family.

The first family planning initiative starting in the 1960s completely reversed the previous pronatalist population policy, and initiated a developmental one that aimed at reducing fertility for economic prosperity. Although Turkey “needed” a bigger population “for security reasons” after World War I and the very bloody Independence War in early 1920s, the Turkey of the post-World War II period needed to economically develop. This consequently redefined how the population could be best “utilized” for economic development in Turkey, and to a great extent founded the first family planning initiative. Turkish policymakers were also aware and involved in the emerging international family planning advocacy, which led to the first population surveys in Turkey. The first report pointing to the high levels of maternal death and unsanitary back alley abortions in Turkey is dated 1958 and was prepared by Dr. Zekai Tahrir Burak for the Ministry of Health (Franz 1994), which was then taken up by the scholars working for the state a couple years later. Following this report, the precise coming together of family planning and state planning was initiated in the beginning of 1960s when Nusret Fisek, a professor of medicine and one of the pioneers of reproductive health studies carried the issue of family planning and birth control over to the newly established State Planning Agency (SPA). While I start from this point on in the coming chapters, I will give on overview of fertility, contraceptive and abortion trends in Turkey to provide a framework within which these policies emerged, and altered along the way.

a. Historical Trajectory of Fertility in Turkey

Currently, Turkey is unlike most countries in the Middle East region with regards to fertility rates. Only similar to Tunisia and Lebanon in the region, Turkey has a total fertility rate (TFR) of 2.16, which is only a replacement level TFR that demonstrates the end of the population growth for Turkey (Hacettepe Institute of Population Studies 2008b). Given the TFR was above 7 during the 1930s, and above 4 during the 1970s, this is a significant change in a relatively short amount of time even though fertility rates are by no means homogenous throughout the country. However, this transition in fertility in Turkey has happened more because of families wanting to limit births due to economic and social reasons in the past decades (especially after 1980s) rather than being a direct result of the family planning projects. In fact, Turkish families had already started limiting births (albeit by traditional methods) by the time family planning policy was initiated in 1963 (Duben and Behar 1996; Hacettepe Institute of Population Studies 2008b). Furthermore, fertility levels in big cities such as Istanbul and Izmir had already been decreasing since the beginning of the 20th century (Duben and Behar 1996; Hacettepe Institute of Population Studies 2008b). In other words, the fertility transition in Turkey happened as a combination of urban immigration, individual economic troubles, and an increasing social prevalence of family planning as “something “civilized”/“urban” people do” rather than as a direct consequence of the family planning initiatives (Behar 1995; Hacettepe Institute of Population Studies 2008b). Vast immigration to urban centers increased this downward trend in fertility through the 1960s and 1970s,

stabilizing during the 1990s around 2.6 to decreasing further down to today's rate of 2.16 (Hacettepe Institute of Population Studies 2008b). Especially between 1978 and 2008 the time when the urban immigration took place, total fertility rate (TFR) almost halved, decreasing from 4.33 to 2.16 (Hacettepe Institute of Population Studies 2008b).

Despite the considerable drop in national fertility rates, Turkey still has a heterogeneous fertility regime where there are substantial variations in fertility by residence, region, education and wealth (Hacettepe Institute of Population Studies 2008a). Characteristically fertility has been higher in rural areas, and higher in the Eastern regions than in the West while South and Center regions have been in the middle. It has also been higher among women with lower educational levels than those with secondary and tertiary degrees, and for families in lower economic categories than those that are well-off. These trends have somewhat continued, but the gaps between groups have been closing. For example, although there is still a difference between rural and urban TFRs (2.68 vs 2.0 respectively), the decline in fertility in the past five decades has actually been greater in rural areas than in urban areas in Turkey (Hacettepe Institute of Population Studies 2008b). This is partially because, as Duben and Behar (1996) pointed out, contraceptive practices (even if they consisted of traditional methods) were already being practiced among urban families, especially those who lived in metropolitan areas since the early Republican period. Another closing gap has been between women higher educated and women who have had less formal schooling. The decline in fertility has been particularly substantial for women in the lowest educational category in that it has

fallen by more than one child among women in the lowest wealth quintile (Hacettepe Institute of Population Studies 2008b).

As I will elaborate more on Chapter 4, fertility trends among Kurdish citizens of Turkey has continuously been a point of controversy as well. One of the reasons for this was that the Turkish state had long tried to overlook the differences in ethnic identification of its citizens, defining every citizen as “Turkish”. Especially after 1984 when conflict in Eastern Turkey broke out between the Turkish military and Kurdish militia, and a separate state for Kurdish people became a political “threat”, how Kurdish and Turkish populations in Turkey compared to each other came to critical importance for both sides. There have been groups in either side that did not trust the other, and with the ongoing military conflict whether the Turkish state was trying to “eradicate” Kurds or whether the Kurds were “outnumbering” Turks became another central concern of the 1980s-1990s population debates. But also because of the political controversy, the actual developments in the region with regards to fertility trends have been mostly overlooked. In fact, the largest decline in fertility by region in Turkey has been observed in the Eastern region in the past five decades. Although the TFR in the East and South Anatolia regions are still higher than the national average (with 3 children in the East compared to the 2.16 national average), scholars have argued the East region has a different demographic momentum which will go through the demographic transition two decades later than Western Turkey (Yavuz 2006). Regardless, the rapid pace of the fertility decline in the Eastern region in the period between the 1970s and 1980s (Hacettepe Institute of Population Studies 2003), and later during the 2000s has been overlooked

both by right-wing politicians and the military. The TFR in the Eastern region is approximately 2.5 births lower than the mean number of children born to women aged 40-49 in the region, women in Eastern Turkey two generations ago (Hacettepe Institute of Population Studies 2003). What is more, it is very possible that the great numbers of Kurdish families who have immigrated to bigger cities since the 1980s have gone through the same fertility decrease other families have gone after urban immigration due to economic reasons.

b. Contraceptive Practices and Tools

While there are a number of birth control practices that have been rather persistent, contraceptive practices in Turkey have also changed significantly in the past five decades. During this period, the overall use of birth control rose to 73% in total (counting both modern and traditional methods). And while modern methods is used in Turkey increased from almost none in 1960s to 46% in 2008, there is still widespread use of traditional methods. Knowledge of various birth control methods, ever-use and current-use have also continuously increased in Turkey since the first family planning initiative, although at first the increases were quite modest, and people started using traditional methods rather than adopting modern methods initially. Hacettepe studies (2003; 2008) has been finding the knowledge and ever-use (rather than current use) of any kind of contraception has been universal in Turkey in the past decade while geographic location and education still influences the use and preference over the kinds of contraceptives. State health institutions have been very important in providing

families, particularly those in the middle and lower classes with contraceptive options since the initiation of the family planning programs, and especially after 1983 when state initiative on family planning increased significantly. For example, in 2008, 78% of all IUDs and 36% of all birth control pills were provided by state hospitals, clinics or health centers overwhelmingly free of charge¹¹ (Hacettepe Institute of Population Studies 2008a).

I think Turkish contraceptive practices have two features that are not only numerically but also sociologically important and telling. First of all, although the age of marriage has been rising for both sexes in Turkey, early childbirth after marriage has traditionally been the custom. In other words, it is nearly impossible for young couples not to have children soon after marriage - which has also made ages 20-24 the most reproductive years for Turkish women since the 1950s. In fact, 2008 was the first time the prime reproductive years have increased to ages 25-29 which for the first time demonstrated delays in ages of marriage in Turkey (Hacettepe Institute of Population Studies 2008a). Still, fertility within the first several years of marriage remains resistant to change. In other words, the fertility decline is mostly happening among women who want to *stop* childbearing rather than postpone the first child. This is also why the highest numbers of contraceptive use in Turkey has been among women in their 30s, and because transition to modern methods peak right after couples decide on postponing and stopping

¹¹ The fact that lower and middle class families depend on public healthcare institutions for contraceptives is why the current policy change which cuts down on free provision might be quite detrimental to contraceptive access especially for families who want to limit childbirth due to economic hardships. While the AK Party government since 2002 has advocated 3 children per family and started transitioning formerly free of charge contraceptive provision in state hospitals into paid services, the end result of the policy is still uncertain until Hacettepe University publishes its population survey results in early 2015.

childbirth. However, use of traditional methods is still higher in the younger cohort, and those in the 40-49 age bracket (Hacettepe Institute of Population Studies 2008a). In that sense, the long fertile period for Turkish women caused a perfect storm for women during decades when the contraceptive use was also lower. While they still give birth relatively early, for most of the 20th century Turkish women started giving birth and kept on doing so for a long stretch (Hacettepe Institute of Population Studies 2008a).

Another significant trait of birth control practices in Turkey is the continuing dominance of withdrawal as the preferred contraceptive method. In fact, it appears that the existing popularity of withdrawal driving a good chunk of the increase in contraceptive use in Turkey has been surprising for both foreign and domestic experts. Despite the national family planning projects which promoted modern methods such as the pill and the IUD, when families started to limit and postpone births they first started using withdrawal (Hacettepe Institute of Population Studies 2008b). What's more, the latest survey on Turkish contraceptive use shows 26% of families who use a contraceptive method still use withdrawal (Hacettepe Institute of Population Studies 2008a). Although use of modern methods increase as family income increases, the differences are not stark enough to argue urbanization profoundly changes contraceptive choices. Current use of any modern method is 38% for families in the lowest wealth quintile while it is 54% in the highest quintile, and the second wealth quintile has the highest proportion (30%) of traditional method use (Hacettepe Institute of Population Studies 2008a). And while use of any contraceptive method is higher in urban residences (74.%) than in rural ones (68.9%), and while the overall use of any contraceptive use has

increased from 62% to 73% between 1993 and 2008, preference over traditional methods are only slightly lower in urban areas (26.5%) than rural areas (28.6%) (Hacettepe Institute of Population Studies 2008b). In other words, traditional methods, which withdrawal is the dominating one is still quite popular across residential and class lines in Turkey.

What makes the continuing popularity of withdrawal intriguing is that it was unexpected from the “scientific” point of view. But at the same time, it has been perfectly harmonious of how families have historically limited births in Turkey. Such popularity of withdrawal is contradictory to the modern scientific standpoint underlying the promotion of modern methods for a couple of reasons. On the one hand, it has been found consistently that between 39%-45% of partners who have had abortions were using withdrawal before the procedure (Hacettepe Institute of Population Studies 1993; 1998; 2003; 2008). In other words, scientifically it did not make sense that families would keep using withdrawal when it fails to prevent unwanted pregnancies. But on the other hand, Turkey actually managed to curb its fertility rate so much while using withdrawal to an extent that was not expected to cause such decreases in fertility (Ortayli et al. 2005). Since the 1960s both international and domestic advocates of family control in Turkey and around the world had argued modern methods were the answer to high fertility, and that families should be transitioned into using modern contraceptives if a fertility transition was to happen. In that sense, a country such as Turkey where fertility rates have dropped while withdrawal continued to be very popular is a “scientific anomaly.”

From the standpoint of the users of this method, however, the preference for withdrawal seems perfectly reasonable and fits very well into existing gender dynamics within families and between partners. And while less egalitarian husbands appear more likely to prefer withdrawal over other options, the reasons why it is preferred is not entirely male-dominance either (Kulczycki 2004). Men still appear to hold the “responsibility” for making contraceptive decisions as Behar (1995) had suggested, and this might be because they are overwhelmingly the breadwinners - hence the powerful partners who have the last say on childbearing decisions not only by the masculine authority but also because of the economic upper hand in a household. As Kulczycki (2004) finds, husbands who want more children than their wives actually do prefer withdrawal over other methods. But as Kulczycki (2004) himself, Akin (1999), and Ortayli et al. (2005) find, there are also other considerations when contraceptive decisions are made by Turkish men themselves or by couples together. Ortayli et al. (2005) find that there are a variety of reasons for picking withdrawal – for example its “cleanliness”, suspected side effects of modern contraceptives (something men feel “responsible” for sparing their wives), costliness of other methods, and withdrawal being defined as a more “natural” method over others. In other words, men’s sense of responsibility for being powerful, in control and protective over wives factors into them preferring withdrawal rather than it being solely individualistic decision. The preference over withdrawal in that sense is a double edge sword. On the one hand, it is complementary with existing gendered power dynamics within partners and it helps reproduce the male authority that emerges as male responsibility over contraceptive decisions. As Ortayli et al. (2005)

explain, men's sense of responsibility appear to be the most important aspect of withdrawal use and some men are willing to take responsibility if they can - which is "easily combined with the traditional role of being a man: powerful, in control and protective." Especially from a standpoint that understands contraceptive decision making as an inalienable part of women's freedom, selection of a traditional method of birth control that feeds into the existing gender inequalities by the male partners themselves seems completely counterproductive.

But, on the other hand, practicing withdrawal not only increases contraceptive practice among families that do not prefer to use modern methods, but also puts men under responsibility to join contraceptive practice, and as Ortayli et al. (2005) interviews demonstrate, to consider their partners' health. Furthermore, as Behar and Duben (1996) find, withdrawal has been common among urban families decades before the national family planning program implies that this method (named "traditional" or not) has been the conventional practice within the Turkish society. It not only reproduced the male authority over reproductive and contraceptive decisions (hence, the family life) but also provided families a birth control method that can be adapted without intervention into the family from the outside factors such as medicine, state or alternative gender dynamics between partners. In that sense, there has been some positive in addition to the negative ramifications as well as complex reasons for preferring withdrawal, especially for families who would be unwilling to use other, including modern, methods for a myriad of reasons. Undoubtedly, lack of funding for national family planning program since its inception in 1965 is one of the core reasons why it never had the chance to reach most

Turkish people and possibly change existing contraceptive practice. But, because it had all its hopes on the IUDs and the pill while excluding men and withdrawal, it also did not fit properly within a context where men as a result of gender dynamics within families bore both authority and responsibility over contraception. This is why regardless the preferences over “modern science” over traditional methods, Turkish families nevertheless picked the option that was most fitting with the existing gender and familial dynamics.

It appears that the failure rates have been going down for withdrawal use although it is far from perfect. Still a considerable portion (around 40%) of abortions are caused by withdrawal failure, and around 20% of partners continue to use withdrawal after an abortion while the use of modern methods increase (Hacettepe Institute of Population Studies 2008a). But the drop in fertility and abortion rates with such high prevalence of withdrawal also suggests Turkish partners might have learned how to use this method as effectively as possible, that is to say more effectively than expected by the scientific wisdom upon which the Turkish and international family planning programs were founded. This is also why demographers studying Turkey at times contest the prevailing prejudices about withdrawal in light of commonplace contraceptive practices in Turkey, and critique its historical exclusion from family planning programs which instead could have assisted in families using withdrawal more effectively, preferably together with the rhythm method and emergency contraception (Kulczycki 2004; Ortayli et al. 2005).

c. Abortion Practices and Trends

Abortion rates have fallen in Turkey in the past two decades as well. Currently, 22% of ever-married women have had an abortion, and an overwhelming portion (77.9%) of these women have had only one abortion to date while 14.2% had a second, and 5% had a third abortion (Hacettepe Institute of Population Studies 2008a). While it appears that abortions have increased between 1978-1993, it has more than halved since then (Hacettepe 2008). Total abortion rate (TAR) per woman in Turkey was 0.7 in 2005, lower than any immediate neighbors (Hacettepe Institute of Population Studies 2008a). Abortion has always been higher in urban areas, and the rates in the Western region has historically been above the rest of Turkey. While it has been known to be a birth control method for a long time, especially given the high withdrawal use, education and wealth are not necessarily clear cut indicators of who has abortions. For example, in the 1983 population survey that was conducted right after the legalization of abortion, primary school graduates and illiterate patients were found to be dominant in abortion patients (Hacettepe Institute of Population Studies 1983). But in 1988 and 1993 the same survey found education increases the probability of abortion as well as the number of living children. In 1998, education dropped out as a significant indicator again (Hacettepe Institute of Population Studies 1998). The 2008 survey finds that the proportion of women who has had an abortion increases with age, number of children, and wealth while education is not particularly influential (Hacettepe Institute of Population Studies 2008a). Thus, it appears that while it has been the case that abortions in the Western and

urban regions of Turkey has been consistently higher, education and sometimes wealth are not always the most telling proxies for who have been abortion patients in Turkey historically.

What has been persistent across all classes, however, is that abortions in Turkey are used to limit births and used after desired number of children is achieved, and that it has been used as a birth control method although its numbers have been falling (Hacettepe Institute of Population Studies 1988; 1993; 2003; 2008). Decline in abortion rates in Turkey is due to a decrease in traditional method failure, and the gradual shift towards modern methods (Senlet et al. 2001) although transition into modern methods might not always be a direct cause of decreasing abortion rates - especially for countries that have high numbers of sex selective abortions. Furthermore, unlike countries like Korea and China, Turkey doesn't have high numbers of sex selective abortions in that while the preference over boys is slightly stronger the practice of aborting girls is not widespread by any means. As the number of living children increase, the proportion of people preferring the next child to be a boy increase as well, but having a male child changes the preference into a girl, and among those with no children there is a desire for children of both sexes (Hacettepe Institute of Population Studies 1988). In that sense, the use of abortion in Turkey is different from countries such as Korea or China where it is also used as a sex selection mechanism rather than primarily serving as a birth control method.

Lastly, what has been also persistent in Turkey with regards to abortion practices is it taking place mainly in private health businesses, particularly private doctor's offices.

In 2003, it was reported by Hacettepe University (2003) that nearly four in five women who had an abortion reported they have accessed it through either a private practice office (57%) or at a private hospital or clinic (21%). Reliance of private practices for abortion services is not a new development either. Since illegal but relatively safe abortion services before 1983 was used commonly in Turkey, private doctor's offices have been the primary place where abortion can be accessed discreetly for decades. And although reliance on state institutions for accessing birth control has been stronger than that on private institutions, abortion has been more commonly practiced in private practices. Indeed the fact that patients who can pay for abortions (especially when it was illegal) can also access private practices, and that abortion rates in Turkey go up as income increases play into the dominance of private offices in terms of abortion services. For women who can already afford an abortion in a private doctor's office, the decision of where to get it has in that sense been a no-brainer: doctor's offices are not only more discreet, but also provide better service and care than public health institutions.

IV. Outline of Study

I divided this study into chronological periods in order to trace the the discursive trajectory of birth control, family planning, abortion and assisted reproduction in Turkey. The three analytical chapters cover 20-year periods which roughly correlate to three different periods of Turkish reproductive policymaking, as well as three different periods of Turkish politics.

Before the analysis, however, I lay out the theoretical and methodological foundations of my research in Chapter 2. Then, Chapter 3 begins the analysis by unpacking the origins of the discursive trajectory of reproductive policies in Turkey during the 1960s when the first institutionalized family planning program in Turkey was initiated. This chapter covers reproductive policymaking until the end of 1970s when the reproductive initiative had fallen out of debate (despite behind the scenes work on legalizing abortion), and when a new military coup was on the horizon. Chapter 4 covers the 1980-1990 period when the family planning initiative was one more ignited under the purview of military rule, and when abortion was legalized in Turkey. The last and 5th chapter starts in 2000 to bring the story to today and analyzes the changes in both reproductive policy and discourse in Turkey under the conservative AK Party governments, and the emergence of abortion opposition on the political scene.

Chapter II

Theory and Method

I. Theoretical Background

While this study initially emerged from the relatively new Comparative Politics of Gender (CPG) literature, it ended up in a place where CPG, anthropology¹² and sociology intersected. This was partly because anthropological studies on population and abortion seemed to answer some questions existing in the Political Science literature on these issues, and partly because CPG in particular has been a welcoming field for charting one's own roadmap to grow the nascent literature in diverse ways. Of course, there is a vast literature on abortion politics within the field of Political Science (although comparative studies on population policies specifically are more scarce in number.) This is why I learned a great deal from numerous comparative empirical studies on abortion politics, reproductive rights, and policy reform while laying the foundations of my study such as those of Roberts (1997), O'Connor, Orloff, and Shaver (1999), Stetson and McBride (2001), Kellough (1996), Githens and Stetson (1996), Htun (2003), Halfmann (2011), and Htun and Weldon (2011b).

What struck me most about the empirical literature on abortion was the policy reform process (in terms of legalization of abortion), and what these reforms meant for individual women's daily realities – in other words, how the thoroughly gendered politics

¹² I particularly benefited greatly from Mundigo and Indriso (1999), Basu (2003), (Mundigo 2003), Blayo and Blayo (2003), Inhorn (2003; 2004), Paxson (2004), Mooney (2009), Ivry (2009), Greenhalgh (1995), Browner, Sargent, and Rapp (2011), and Levin (2003).

of abortion coincided with class, race and religion across societies. This is because eruption of political conflict and debate over abortion across different contexts are quite telling about how religion, gender, class, race intersect politically. Another thing which struck me was the finding that governments tend to avoid or depoliticize the issue of abortion (Githens and Stetson 1996).¹³ On the other hand, there are also myriad insights in the existing literature on how abortion politics are “fought” and “won” across different contexts (Githens and Stetson 1996; Stetson and McBride 2001; O’Connor, Orloff, and Shaver 1999), or how contemporary levels of religiosity are correlated with variation in abortion laws (Htun and Weldon 2011). There are also explanations on why abortion legislation passes or gets obstructed across states, particularly in relation to its political supporters and opponents¹⁴.

However, while many of these findings shed light on abortion politics across a wide variety of states, they somewhat eschew other reproductive technologies, and do not specifically comment on non-European or North American contexts. There are anthropological and sociological studies on population and reproductive policies in the Middle East (Obermeyer 1993b; Obermeyer 1993a; Obermeyer 1995; Homa Hoodfar 1996; H. Hoodfar and Assadpour 2000; Moghadam 2004; Abbasi-Shavazi et al. 2008) –

¹³ What’s more, abortion as a cross-class ideological issue can easily pose a threat to party coalitions once it becomes a topic of contention, especially in parliamentary systems where forming of coalitions is a necessity (Githens and Stetson 1996). This is why mobilization by feminist, religious, and/or professional (usually doctors’ associations) has been critical in bringing abortion into political debate, and why many scholars such as (Stetson and McBride 2001), Haussman (2001), Outshoorn (2001) have examined the interactions of these groups with the state when explaining the emergence of abortion policies.

¹⁴ For example, Catholicism has a significant influence when coupled with religiosity in contexts where there is also a high differentiation between church and state allowing church to autonomously define its mandates without state intervention (Minkenberg 2002). Alternatively, it is likely that feminist mobilization based on cross-class solidarity coupled with Leftist government or a strong Leftist opposition brings legal abortion (Blofield 2008).

despite not being in direct debate with empirical, comparative studies mentioned above. Still, there are numerous arguments within the Political Science literature that shed light on contexts outside their initial scope, and I use them in this study as my founding blocks. For example, Htun's (2003) findings on how progressive gender policy change may happen even under military and other undemocratic regimes is very relevant for the Turkish case¹⁵. And although Htun (2003) looks at three Latin American countries, her findings hold great sway on abortion liberalization in Turkey under a military dictatorship in 1983. In fact, the issue networks Htun (2003) finds to be necessary for “progressive” reforms under stringent political conditions was probably the most crucial part of why abortion ever became legal in Turkey as well. As I will elaborate more on Chapter 4, elite networks consisting of bureaucrats and doctors were the main driving force which cooperated with the oppressive military regimes to legalize abortion in early 1980s in Turkey.

Another set of Political Science studies this research uses as a foundational block is that of (Htun and Weldon 2010; 2011a; 2011b). The framework Weldon and Htun's collective studies have been building is very exciting for comparative scholars of gender policies, and reproductive policies in this particular case. In their three consecutive studies the two feminist scholars constructed a blueprint for comparative analyses of gender rights (and family law in particular), and they look at almost all states in the world

¹⁵ In her study, Htun (2003) argues undemocratic regimes can actually make progressive changes in gender rights, but with the indispensable intervention of elite issue networks. When such networks constituting coalitions of feminists, doctors, legislators, and lawyers can communicate, influence and find an opportunity to integrate with state institutions on specific issues, it becomes possible to change gender policies for the better despite the authoritarian and closed nature of the state (Htun 2003)

from a large-N lens¹⁶. Most importantly for the purposes of this study, however, they underline how institutional and social dimensions of gender equality reforms are inseparable from each other. In this sense they follow in the footsteps of another study which founded this project, namely Charrad's (2001) groundbreaking study which finds variations in family law in three Maghrib states to be caused by differences in state proximity to kinship groups as the primary social structures in these contexts. In other words, for Htun (2003), Charrad (2001), and Htun and Weldon (2010; 2011a; 2011b) there is an inherent relationship between the moral order and civil law. Legal reforms bring forth transformations in the social and moral governing (Htun and Weldon 2010; 2011b) and changes in understandings of gender roles and dynamics¹⁷ (Htun 2003). In fact, with regards to the vitality of equality reforms Htun and Weldon (2010, 207) propose:

"Policies promoting gender equality seek fundamental social change and therefore challenge historical patterns of state-society interaction concerning relations between the state and the market; the respective authority of the state, religion, and cultural groups; and the contours of citizenship."

¹⁶ Htun (2003) and Htun and Weldon (2010) also make a very useful distinction that could make comparative studies of gender rights policies even more grounded. They differentiate specific gender rights issues from each other since each issue brings forward different coalitions, diverse debates, and unique legislative battles. What's more, how much relevance and power diverse actors might have within distinct issues depends on the particular issue as well. According to their categorization, gender rights issues can be defined as either status or class policies where status policies can be doctrinal or non-doctrinal. Abortion, in this case, is a doctrinal issue, but one which also has a class dimension to it. I use their definition of abortion and contraception in this study as class and doctrinal status policies, but I also include policies regulating assisted reproduction such as in vitro fertilization and gamete donation

¹⁷ This is especially the case in contexts where European and civil law has been adopted (like Turkey and other Middle Eastern countries) rather than states adopting Anglo-American common law, since civil law tradition is believed to represent moral ideals that constitute aspirations for the society in addition to the concrete written word. In such cases legal reform indicates more than a "mere policy shift" and "represent a transformation in the social and moral" principles (Htun 2003,11).

While this is a valid argument for all contexts, I think it is particularly relevant for states like Turkey where one of the primary indicators of successful Republican reformation has been women's legal status. In other words, the Republican reform project aimed to remake the gendered biases of society through institutional change, and tried to “reform” gendered social practices by reforming legal structures. In that sense, “giving” women more rights or making them “equal” to men have been one of the most important tenets of all Republican legal reforms since 1920.¹⁸ In the pursuit of modernizing the Turkish psyche and creating a “modern” value system, the Turkish Republican reforms depended heavily on the “enlightened social essence” of civil and criminal codes that were imported from Western European states during the 1920s¹⁹. In other words, Turkish legal reforms starting then were expected to perform *as much* in a subliminal and social level to elevate the status of women - despite these reforms happening under authoritarian conditions, and within their own gender biases.

¹⁸ I consciously use the term “women’s status” rather than “women’s rights” while talking about Republican reforms. This is primarily because these reforms were not particularly rights-bestowing, and weren’t created as such. They were more about creating a legal “status” for the “modern Turkish woman” as a necessary part of the modern Republic rather than giving individual women rights per se.

¹⁹ Actually, “modernizing” legal reforms had been initiated before the Republic, in the mid-19th century under Ottoman Empire. But the Republican revolution took the reforms to another level where almost all Ottoman codes were replaced with Western codes, a new constitution was written, and a great stress was placed on women’s status almost as a litmus test for Republican success. In that vein, Turkey adopted Swiss Civil Code in 1926 with some adjustments. However, while it denounced polygamy (allowed under Islamic law and practiced during the Ottoman Empire), introduced civil (non-religious) marriage, changed age of consent to 15 (from 9) for girls and 17 (from 11) to boys, equal entitlement and grounds for divorce, the Turkish Civil Code of 1926 also kept the patriarchal family structure with the male partner as the head of household (where he would have a duty to protect and provide for the wife and be her legal representative), placed women’s right to work under husband consent among several other discriminatory principles (Yildirim 2005). The 1926 Civil Code has since been replaced with a much more egalitarian code in 2002 with immense work on the part of feminist groups who wanted to make the law equitable and the AK Party government who was pushing for EU membership.

At the same time, however, examples like Turkey also complicate Weldon and Htun's (2010; 2011a; 2011b) framework for comparing countries according to legal status of women, as well as how we should assess gender equality indices overall. This is because while Weldon and Htun (2011a; 2011b) indirectly categorize countries in light of equality in family law, it remains questionable whether legal progress translates into a practical one. The most significant quandary about making definitive and comparative categorizations of states in light of their gender equality laws is that the "social" and practical dimension of reforms are murky at best. In other words, even when legal change happens we cannot conclude that women now have more de facto or practical, day to day freedoms, are empowered by default, or that they can automatically use the new legal rights within the socioeconomic conditions they live in. In that sense, it should be open to further inquiry whether gender rights policies actually bring practical alternatives for women - which makes a critical difference for what we assess with gender rights indices, and inherently our assessment of where countries stand independently, and in relation to each other. For example, the kind of policy change that is usually termed "progressive" (i.e legalization of abortion, modern contraceptives, assisted reproduction technologies) do not always happen under the guidance of groups who have the best interest of women, or with consideration of women's rights at all. Or, what can be termed an "empowering" policy shift in one context (and help make indices of gender equality) might not mean empowerment for most women in another. While this is not to argue policy reforms for attaining gender equality are futile (they are not, and they should be sought in each and every context), it is imperative to examine and compare gender equality reforms within

their social and discursive trajectories as much as their institutional ones. And even though Htun and Weldon (2010) stress the importance of the interaction between the legal and social dimensions of gender equality policies, most gender reform studies and indices (including the distinctions two feminist scholars make) still prioritize the legal status over social practice²⁰. In that light, the social structures²¹ and norms limiting (as well as enabling) women's strategic actions before and after policy reform require as much scrutiny for a grounded understanding of what these policies actually mean for women within their daily circumstances.

What's more, evaluating policy trajectories within their social structures would also add considerations of "social control" to studies of gender reforms - a notion that is inherently significant for women considering the existing gendered power asymmetries. While numerous other²² policy areas create gendered mechanisms of social control as well, abortion, contraception or assisted reproduction policies make gendered social control discourses and mechanisms especially visible. Reproductive policies not only

²⁰ I make this argument also in response to evaluations Htun and Weldon (2011a) make of recent family law changes Morocco and Turkey. While it is the case that the family law reform was necessary, the practical experience since the reforms in both countries contradict the argument that they could be considered as some of the least discriminatory countries.

²¹ How I use the concept of "social structure" follows Sewell's (2005) definition of the term. For him, "Structures are constituted by mutually sustaining cultural schemas and sets of resources that empower and constrain social action and tend to be reproduced by that action. Agents are empowered by structures, both by the knowledge of cultural schemas that enables them to mobilize resources and by the access to resources that enables them to enact schemas. ... Structure is a profoundly cultural phenomenon... Structure is dynamic, not static, it is the continually evolving outcome and matrix of a process of social interaction." (Sewell 2005, 151) In other words, social structures are processes of mediation rather than static identifiers, and they are enabling on human agency as well as containing. (Sewell 2005). The kinds of actors and claims that can emerge within a context in that sense are contingent on the existing social structure.

²² Although I will expand on this argument further in the next section, one example studies that bring social control and policy analysis together is Gordon's (1995) study on early U.S. welfare policy and women is one where it is hard to miss the concrete and discursive consequences of social classifications of women by class and race.

allow women to have some autonomy over their reproductive capabilities, but can also define and limit reproductive practices, reproduce existing gender asymmetries, and discipline female sexuality. They make inclusions and exclusions on normative grounds that endorse certain social meanings and practices over others, including the progressive ones concerning gender rights. For example, what "abortion", "contraception" or "assisted reproduction" means once it is brought into the politics makes a considerable difference for different groups of women in terms of whether it will aid or hinder their reproductive liberties, whether they will be subject to discrimination, or whether their fertility will be "problematized" or "valued". This is why although legal structures might resemble each other, or simply exist, their practical and discursive consequences can be discriminatory not only with regards to gender but also with regards to class and race. Again, reproductive policies are especially demonstrative of this kind of social control not only because most population policies around the world (including Turkey) have historically preferred fertility of some groups over others, but also because women from different classes and races have been treated very different ways under the same theoretically liberal reproductive laws.

II. Social Control and Policy: Social Realities and Reproductive Policymaking

Thinking about the legal and social dimensions of reproductive reform together lends itself to another question – one of social control, and how policies create and alter them. In this study I argue that reproductive policies create and alter social control mechanisms that are gendered, classed and raced, and trace these social control

mechanisms through reproductive policymaking in Turkey. In this light, I start from the argument that social, discursive, practical foundations and consequences of gender rights policies are as influential as their institutional character. I think this is the case for several reasons. One is that all policies are constructed upon specific rationalities that make assumptions and carry biases with regards to how individuals and issues relate to each other. In other words, policies emerge out of particular rationalities that tell us what is important about an issue, why something should be done about it, who is right/wrong, what kinds of conduct are good/bad. In a sense, policies create ways to “see reality”, and create the social control mechanisms over the practices they regulate in light of these “truths/facts” (Wacquant 2009; Soss, Fording, and Schram 2011). In this way, they construct the social reality that makes this policy (along with the social distinctions, categorizations and practices it brings) necessary and appropriate. Furthermore, such control mechanisms – be it through classification of individuals or regulation of practices – are intersectional and create the practical daily conditions within which different people live their lives. In that sense, policies not only create institutions but also create the social and discursive frameworks these institutions work within. In other words, policies are institutionally and discursively constructive²³. Several questions that I ask in this study are thus directed towards understanding the discursive in addition to the institutional influence of reproductive policy - for example, how does policy design and implementation reproduce and/or alter political understandings of central issues (i.e.

²³ At the same time, however, hierarchies and social control mechanisms inherent in policies also create the ways to evade or resist these policies – a point I will elaborate more on further below and on chapter 4 in light of Gusfield's (1967; 1981) studies.

reproduction, sexuality, gender and rights?) What kinds of constituents does the policy create, and what purpose does categorizations serve? What kinds of knowledge does it prioritize over others, and what kinds of power relationships does this hierarchy imply? What kinds of political work do policy concepts do? How do they relate to power²⁴?

And while I was looking for answers for such questions within Turkish reproductive policies, I found studies of Gordon (1995), Stone (1984; 1988), Gusfield (1981), and Edelman (1971; 1977; 1985; 1988) particularly helpful in that they figure (in their different ways) how policies relate to the ways people give meaning to things, practices, and other people. Despite their distinctions, I think these studies all share a concern over how policies interact with social guidelines people use to make sense of the world. More importantly, they inquire what kind of hierarchies and power asymmetries these policies create through the rationalities they offer. In other words, policies as specific constructs and measures “systematically exclude certain understandings and include others, ...[and] serve the political interests of some groups at the expense of others, and...work to produce particular types of results (Stone 1984, 117). Construction of policy problems that require action in the first place is “as much a way of knowing and a way of acting strategically as a form of description” (Edelman 1988, 36). Choosing one

²⁴ This kind of an approach to policy analysis borrows a lot from Foucault, especially because he provides us with great insight to how social control mechanisms work, and how state plays into the creation of specific kind of disciplinary regimes through time (Foucault 2001; 2009; 2010). For him, policies create disciplinary processes that work more through identifying roles, categories and exclusions rather than directly penalizing or intervening in people’s conduct. Such disciplinary processes make it visible how one should shape one’s own moral conduct, or in words, “what sort of subject is assumed to be normative within a political imaginary.” In a sense, how self-identifications are created, how people make sense of the world, and how social reality with its hierarchies is constructed is one of the central concerns of Foucault (2001; 2009; 2010), and something that he shared with the policy scholars such as Gordon (1995), Stone (1984), Gusfield (1981) and Edelman (1977; 1985) whom I use to construct a foundation for this inquiry.

out of the multiple possible ways of describing a phenomenon serves the political interest of some over others, and produce particular kinds of policies. From this standpoint, policies are meaning-making constructs that not only create institutional rules but also legitimize certain social meanings and practices over others. They are descriptive, prescriptive, and exclusionary as much as they are institutional.

I think Gusfield's (1981) works are particularly helpful (and yet to be fully utilized) for gender scholars in examining discursive as well as the institutional effects of policymaking – primarily because gender politics depend on norms and social meanings as much as legal frameworks²⁵. Gusfield comments on why issues rise to a public status to become “policy problems”, how social control processes work to establish moral judgements (and how the consistency and finality we expect from law might actually be displaced), in short, how we can understand law and policy within its social as well as institutional nature. For Gusfield (1981, 18) law is “a stylized form of public drama whose impact is not only in its instrumental consequences as a utilitarian means to an end” but the legitimation the law gives the norms it operates on. The act of creating a policy is decisive in demonstrating to the public which norms and practices can be socially accepted (and encouraged by the state), and what is unthinkable or deviant (and punished or criminalized.) Furthermore, by defining which practices are

²⁵ In addition to its relevance to gender policies, I think Gusfield's analyses are also very relevant for the Turkish case for two reasons. The first one is because the nature of legal reform projects in the Turkish Republic which do not only aim to change laws but also change values and social meanings. In that sense, legal reforms have been as much of a social performance as they are institutional processes, showing the society what is a valuable, modern, educated, Western way of living (and who can be bestowed high status) and what is ignorant and uncivilized. The second reason is because Gusfield's definition of how issues become policy “problems” holds for the case of abortion in Turkey – an issue that has gone back and forth between being a policy concern and a non-issue throughout the Republican history.

moral/legitimate/right, policymaking also places alternative definitions and practices beyond the realm of possibility. In that sense, it not only excludes from different options from being socially accepted but also de-politicizes the issue by “settling” contention – at least on a formal, institutional level for a period of time. (Gusfield 1981, 7) As a social construct, policymaking also “enhances the social status of groups carrying the affirmed culture and degrades groups carrying that which is condemned as deviant.” (Gusfield 1981). In that light, the kinds of policy constituents that law creates (both those who “obey” it as well as those who “break” it) are not only cognitive categories, but also become moral categories. The policy issue (abortion, assisted reproduction in this case) in this way creates an area of social control where borders are drawn and individuals are positioned within or outside them. As Gusfield (1981, 7) suggests, “this subtle, unseen implication of cultural ideas is perhaps the most powerful form of constraint.”

By saying that, however, neither Gusfield nor I in this study argue policies are omnipotent. For one, the many policies that exist very rarely come together seamlessly enough to define a single goal for the state (Soss, Fording, and Schram 2011, 19). They might have commonalities and might share an underlying logic enabling them to have similar disciplinary and discriminatory effects, but they do not fit together as pieces of an intentional and uniform whole. In addition to it not being a consistent whole, no policy is immutable, unchangeable or all-encompassing. It is not only that rarely a policy is entirely successful to the extent it is expected to be, but the written legal word of the policy and its implementation might digress from or contradict each other as well. Especially with actions that are hard to monitor and control such as contraceptive and

reproductive practices, evasions and discreet resistances happen frequently. In other words, daily practices can escape or subvert policy principles, and exposes the distinction between the institutional certainty and practical precariousness of the law – a distinction which abortion prohibitions across the world make particularly visible. This is because not only does criminalizing abortion manages to eradicate the practice of abortion, but also because states do not even try to penalize every individual who has a back alley abortion²⁶. In this light, the differentiation Gusfield (1981) makes between law in public halls and daily life, and how people sometimes get away with breaking the law are especially relevant for reproductive policies. He argues:

In the public halls, the law has a consistency and finality about it. ... Not so when we move away from the public arena into the routine events of daily operation. Here the consistency of enforcement is absent, the connection between act, apprehension, and punishment unstable, the treatment of the offender less condemnatory, and the entire process far less criminal in its meaning. It is useful to think of law as encompassing both levels, not as a system of authority structuring a normative pattern of rules and punishments but as a negotiated social order in which compromise, flexibility and resistance exist at all levels. (Gusfield 1981, 160)

²⁶ Furthermore, families and individuals discreetly resisting prohibitions (i.e. through back alley abortions or traveling to countries where gamete donation is legal for impregnation), or not limiting births despite state policy are evasions that have existed across the world and across regimes. Such evasions are especially relevant in the case of reproduction and contraception since they are harder to regulate by state institutions (except in cases of sterilization which has been used in both developing and developed countries against groups of people) than most other policy issues. While issues such as taxation, welfare, immigration, or education are primarily regulated through institutional and policy interventions, reproductive capacity is neither created, nor bound with state regulations. Although the state can limit or provide certain reproductive technologies, it cannot *entirely* regulate whether individuals give birth, limit the number of children, adopt, or decide to terminate pregnancies. Even in the face of limitations and criminalization, social, cultural and financial structural constraints, and whether a particular reproductive technology is socially acceptable in that context have decisive priority over state policy in determining how individuals and families deal with conception and pregnancy.

In that sense, Gusfield's (1981, 20) argument the actual control of *behavior* of people by law is somewhat illusory, although not entirely absent²⁷. And even though such "patterned evasions" occur, the policy still works in that it by making a public affirmation of its principles, establishes what is right and what is wrong, who should be upheld and who should be stigmatized (Gusfield 1981, 177). As he suggests, "legal affirmation or rejection is thus important in what it symbolizes as well or instead of what it controls. Even if the law was broken, it was clear whose law it was" (Gusfield 1981, 178). In a way, the continuing validity of policy also demonstrates the continuing validity of the inclusion, exclusions and privileges it upholds.

a. Reproductive Policy as an Example of Social Control

Reproductive policies contain social control mechanisms as policies in general, but also with regards to their specific nature as biological policies that define and regulate human bodies through classed, gendered, ethnic and raced biases. In other words, reproductive policies also have their own social framework that is specific to themselves. Reproductive policies are multilayered policies that are both "biopolitical"²⁸ and

²⁷ However, Gusfield does not argue policies are useless. He actually acknowledges that policies do place considerable obstacles to breaking the law - he actually exemplifies abortion, stating even when there are options to get back alley abortions, it is still harder than getting an appendectomy. In other words, "there are instrumental functions to law even when there is patterned evasion" (Gusfield 1981, 178).

²⁸ Foucault's concept of "biopolitics" is illuminating while unpacking one dimension of reproductive policies because it helps explain why specific populational goals are set, and why governments interfere in fertility levels, contraceptive use, and reproductive practices overall. From this point of view, states regulate birth, death, public health, and other human practices that go beyond subsistence of the population. Instead, "raising" a healthier, more efficient and productive population is expected to add value (hence, strength) to the state as well. In that sense, it is founded on an economic rationality - a rationality that makes individuals "pertinent for the state insofar as he can do something for the strength of the state" (2001, 409). For Foucault, if there is no viable and continuous body of people to govern over, the state does

indicative of wider gendered ideological struggles in a society (Petchesky 2002). They concern both numerical, populational goals as well as gendered ideals about sexuality, family, motherhood, and bodily liberty. With regards to their biopolitical dimension, reproductive policies define how much fertility is too little or too much, what an ideal population should look and function like, and how people should (or not) use their reproductive capabilities. In that sense, they are not only “numerical” or substantive policies, but also policies that establish social control mechanisms over groups of people according to how they fare with regards to population goals and ideals. They give numerical calculations a political relevance, usually in light of economic assumptions of national prosperity, employment, health and productivity. In other words, whether fertility levels should go up or down, "what groups" should reproduce more while others are controlled more strictly, and what kinds of responsibilities/burdens it places on the shoulders of women as "bearers of the nation" (Yuval-Davis 1997) are more political

not have a reason - or the capacity - to exist either. For that purpose, population is not only a summation of individuals but more importantly an organism that has regularities (birth, death, etc.) and variables (age, sex, etc.) These phenomena can be governed so that “everything in their activity that may go beyond this pure and simple subsistence will in fact be produced, distributed, divided up, and put in circulation in such a way that the state can draw its strength from it” (Foucault 2009, 326). In that sense, biopolitics is regulation of populational phenomena (or, demographic variables depending on how you see it) rather than people, and for it to become an efficient, productive, healthy society that can maintain and justify the state. However, this is not to argue all people and populations are expected to live as indentured servants within this governmental rationality. On the contrary, Foucault (2009) argues that for the state to benefit from this system of biopower, the relationship between the state and individual should emerge as a system of mutual gratification rather than one of absolute submission and forced discipline. Discipline and subjectification of populations takes place only indirectly, through technologies of security which function by positive encouragement of certain modes of action (for “security”, “health and well-being”, “refinery”, “prosperity”) rather than prohibition. In other words, subjectification of individuals, and disciplining of populations ensues within a particular framework of rationality that not only denotes the “normal” conduct, but also identifies and distributes benefits accordingly. Subject felicity and state power go hand in hand as “men’s happiness [is] the state’s utility, making men’s happiness the very strength of the state” (Foucault, 2009, 327). Direct domination, or submission of individual wills of those ruled to that of the sovereign is only a past, and primitive, formulation of government in comparison to the complex, interactive and all-encompassing nature of modern governmentality.

verdicts rather innate to any numbers, depending on how the “needs” of the times are interpreted. In that sense, reproductive and population policies are “biopolitical” policies, and on one level they are utilitarian, economic policies that define a political rationale of national productivity, prosperity and economic strength.

On the other hand, however, reproductive policies are also ideological policies. The biopolitical considerations that influence their shape have their ideological (gendered, classed, racial, ethnic, corporal) biases, but reproductive policies also sit in the middle of broader ideological struggles over the meanings of family, state, motherhood and women’s sexuality (Petchesky 1990, xi). In other words while reproductive policies are biopolitical roadmaps, their ideological reach with regards to women’s lives and places in the society are broader than economic or numerical goals. They also interfere in defining women’s place in the society, family, and sexual norms. As such, reproduction and its regulation are rarely issues independent of wider social conflicts over gender roles, gendered hierarchies, and gendered power asymmetries.

In terms of their embeddedness in the wider social conflicts, reproductive policies are historical, (rather than technological and atemporal) constructs. In other words, policies that regulate reproduction are also fruits of specific historical trajectories. Not only controlling reproduction is created and re-created differently across contexts and historical periods, but historical trajectory of reproductive policymaking does not necessarily shadow technological innovations on conception or birth control (Gordon 2002). As Gordon (2002, viii) argues, reproduction control is not “a transhistorical behavior with a fixed set of purposes, then modified by different methods and widening

use.” And despite birth control and abortion at times been defined as a merely technical, and value-neutral medical matters, it is never debated or regulated without (broader) political considerations. In that sense, reproductive technologies gain meaning within the historical time, social, cultural and political context they are used. Political significance of methods to limit births are not bound with their moment of historical appearance but emerge independent of it. The historical character of birth control methods are related more to their sociopolitical significance than their actual time of emergence (Gordon 2002).

What also makes reproductive technologies inherently political, and policies regulating them usually contentious, is that no technology is immune to the cultural practices and hierarchies it is supposed to work within. Or, as (Inhorn 2003) argues, reproductive technologies are not imported into a “cultural vacuum”. The uses to which reproductive technologies are put, and the gendered consequences they have depend heavily on the dominant sociocultural practices and biases the context they are expected to work²⁹. Reproductive technologies regardless of legal status operate within already

²⁹ I think this complicates the argument that policy changes liberalizing or reforming gender-equality related structures are inherently progressive. Anthropological studies on reproductive practices in that sense can ground Political Science analyses over gender-equality hierarchies in that they expose that women are not always the ones ultimately benefiting from legal changes that are theoretically progressive. Who ultimately benefits from reproductive technologies varies depending on the existing social structure within which individuals live their lives. For example, the IVF technology which was believed to help reproductively challenged women “satisfy” the social norm of being mothers, hence, real women in Egypt as Inhorn (2003) argues. However what happened was not only contrary but also unexpected. The new opportunities for having biological children ended up stigmatizing older women who could not bear children regardless of these technologies, and made it more acceptable for men (despite themselves being the reproductively challenged partner) to marry younger women with hopes of having children through additional tries at IVF (Inhorn 2003). The mere possibility of having a child with technological intervention meant if there were burdens to be born along the way they would fall on women. Furthermore, particularly within contexts where adoption has never been popular (as in Middle East), such technological

existing social norms, practices and discourses, and they are inherently bound with the social (in)justices within which individuals are embedded. However, as the Turkish example will demonstrate, it works both ways. That social structures are as influential as legal status of reproductive technologies also might mean that even if a particular method (usually abortion) is criminalized, there might be both legal and back alley ways to obtain it. By this I do not mean to say legal status of reproductive technologies (especially abortion) is irrelevant, on the contrary legal access to reproductive technologies that are matters of life and death for women are absolutely indispensable. What is rather the case is that in contexts (like Turkey) where abortion has been traditionally the primary birth control method, relatively safe but illegal abortion services might also be attainable, and not strictly policed by the state despite its illegal status. That the use of reproductive technologies are so tied to social structures means their effects will likely differ than what the policymakers or observers expect. Especially when reproductive policies overlook or aim to trump existing social practices and how the society give meaning to a particular technology, they are never entirely, if at all, successful - at least in the way policymakers had intended them to be.

On the other hand, policymakers do not also make policy decisions in a sociocultural vacuum. While Inhorn (2003) and other anthropological analyses of the social consequences of reproductive technologies do not (understandably) elaborate on this as much, policies also emerge from the social structures that influence individual practices. For this reason, I argue in this study that even prior to citizens making use of

interventions further privileged genetic relatedness within kinship structures for the detriment of others (Strathern 1992).

new technologies, states discriminate among available existing reproductive technologies not only in light of their material and concrete purposes, but also in light of what such technologies would mean for that society. In that sense, government decisions with regards to legalizing or criminalizing reproductive technologies depend on their social purposes as much as the population goals (for example, pro-natalist or family planning projects) in response to the numerical “needs” of the times in the eyes of policymakers. The fact that most reproductive technologies can be used independently or cooperatively adds to their complex character - for example, abortion can be used independently and in secret, but can also be forced on women by male partners, especially in instances where greater power asymmetries exist (be it familial, social or economic) between men and women. Similarly, withdrawal can be a method chosen together by partners or independently by the male partner who finds it his responsibility to make the decision on childbearing. The pill can be defined as a method to curb birthrates for development or a method that provides women independence over biological capabilities. What is more, methods like the pill, abortion, and gamete donation (as long as they are accessible) allow women more independence over their biological capacities. In that sense, to what ends a method is imagined to be used is influential in governments’ decisions on how to regulate them as well - but it also influences whether individuals will use it or disregard it³⁰.

³⁰ While making this argument, I am aware of Htun’s (2003) critique that it is problematic to explain policy preferences through culture. Very simply put, her argument is that when policy preferences are explained through what is culturally possible to do within a context, no other policy is imaginable or at the very least very unlikely. Then from this point of view, only existing policies are permitted by the cultural context (Htun 2003). While I agree with Htun’s (2003) critique, in this study I do not base reproductive policy preferences on a Turkish (or any other) culture that seem to be somewhat immutable from Htun’s (2003) critique. I do not think reproductive policies take the shape they do because culture operates as a limiting framework on policymaking. Instead, I argue gendered, racial, economic, social inequalities that shape

Lastly, reproductive policymaking - especially in developing countries - has a critical international dimension that has influenced a vast majority of such policies in countries like Turkey (which has prepared the first population control program with assistance from Rockefeller Foundation) since the 1960s. Anthropologists Ginsburg and Rapp (1991; 1995) directed attention to this intersecting of international and domestic in reproductive policymaking which has been decisive for hundreds of thousands of women's lives across the developing world. Reproductive policymaking, from Rapp and Ginsburg (1991) point of view, could be understood only in the intersection of local practices, and international and medical developments. This is particularly important for developing countries not only because they face the challenge to increase national prosperity in an international economy, but also because technological developments in developed countries have consistently been exported to developing countries by NGOs (such as Rockefeller and Ford Foundations) or IGOs (such as WHO and UNFPA) since 1950s. Although medicine and development have been more distinct in Northern Euro-American contexts, population planning and medicalization usually converged in developing countries such as Turkey – which consequently created a different interplay between development and fertility (Rapp and Ginsburg 1991, 3)

b. How Can We Understand Choice, Liberty, Empowerment?

This study came out from my own confusion about the seeming discrepancy between liberal reproductive policies (especially abortion), and women's reproductive

reproductive policies are greater than what culture denotes - in that sense, it is not a cultural explanation but a structural one.

autonomy in practice. I was not entirely sure whether policy changes that were usually defined as progressive legal changes with regards to gender equality or freedom actually proved to be so for women. But while I started thinking about these concepts along the project, I decided I should define them clearly for myself and to clarify what they meant within the confines of study. While “freedom”, “liberty” and “equality” are usually understood to be “liberal” terms, especially from a liberal feminist standpoint. Generally it is assumed legal change which provides equals standing between individuals of different genders, and that aiming for legal reform to acknowledge more rights and liberties for the individual would eventually (and hopefully) enable them to live a freer, more autonomous life – particularly with regards to bodily and reproductive capacities in this particular case. But given the starting point of my confusion was why Turkey had theoretically “liberal” abortion laws while there were so many constraints on women’s sexual and reproductive autonomy, it was obvious that I had to use the terms such as “freedom” with more layers that contained the contradictions and tensions within the concept in real life.

While doing so, I follow (Hirschmann 2009) and (Roberts 1997) to a large extent in that both scholars problematize the common notions prevalently used while discussing reproductive policies such as “choice”, “right”, “liberty”, and “autonomy”. Although they do it in different ways, I find their refusal to understand freedom and choosing as almost “black and white” terms that either exist or don’t - as is usually the case with Western liberal theory that also guides the effort to construct indices of gender equality (Hirschmann 2009). For Hirschmann (2009) liberty is not something that one possesses

or doesn't, or something that is entirely good or bad. Instead she understands liberty as a position that has both advantages and disadvantages, something that can have both good and bad consequences, and usually at the same time. For her, individuals can have conflicting desires and divided will, a point that classic liberal definitions of freedom and choice seems to neglect at times.

Examining social control and autonomy by using Hirschmann (2009) and Roberts's (1997) understanding of liberty and choice also enables to integrate the influence of social structures that enable and restrict actors. For both scholars, it is impossible to consider the choosing subject to be outside the social context she is embedded in. For Hirschmann (2009) in particular, this is a critical point in that subjects are constructed by these social structures, and subjects learn the limits of what is conceptually possible in them. In that sense, the actual barriers to women's freedom is invisible - they are neither internal nor individualistic, but work interactively with the social context that makes certain actions possible and not others (Hirschmann 2009, 30; 77). Social control as Foucault (1995; 2010) understands it (and as I use it here) is also a very close concept in that the biggest effect it has on people is that it creates a social reality that people position themselves in. In that sense, the way Hirschmann (2009) understands liberty - not as an individual, but a more social and layered condition that has both advantages and disadvantages - fits well into this study of social control through reproductive policy. Reproductive autonomy as I understand and use it here is therefore a position where one can see alternatives (Hirschmann 2009). Choice is in this case not a

proxy for freedom because in cases where choices are constrained by dismal alternatives, it is hard to argue there is autonomy.

Roberts (1997) also problematizes the relationship between choice and freedom, particularly with regards to reproductive freedom and how it intersects with race and class. Similarly, (Petchesky 2002, 11) she argues the real issue for feminists concerned with reproductive liberty should be the social and material conditions under reproductive choices are made rather than the content of these choices, or even the “right to choose” as an abstract term. Following Roberts (1997) and Petchesky (2002) I use the term reproductive freedom as “a matter of social justice, not individual choice” in this study. In that light, in Roberts’ (1997) own words, reproductive liberty:

“...must encompass more than the protection of an individual woman’s choice to end her pregnancy. It must encompass the full range of procreative activities, including the ability to bear a child, and ... acknowledge that we make reproductive decisions within a social context, including inequalities of wealth and power” (Roberts 1997, 6).

Defining reproductive liberty as comprehensively also questions the dominant, or liberal, definition of the term as well. Reproductive freedom in its liberal definition usually denotes to freedom from government interference as well as interference of others - something gender indices assume about freedom overall when taking it as a central component of gender equality. But while I think it is imperative that women should be able to make decisions with regards to their own bodies and lives, Roberts (1997) and Petchesky (2002) widen this understanding of freedom to include what actually constrain women while making such decision, and something for which government non-

interference might not be the answer: socioeconomic constraints within which women make reproductive decisions. Reproductive decisions are bound with the questions of who reproduces, who cares, who has authority over, and who pays for children rather than being an individual decision outside the influence of class, race and ethnicity. For this reason the content of the reproductive freedom changes from individual to individual, and might as much be having the freedom to reproduce as having the freedom not to. But while this is the case, the conditions under which women make the decision to terminate as well as to keep a pregnancy, or to prevent pregnancy as well as to get pregnant is not really the main concern of the legal change. Apart from the discursive biases policymaking constructs around an issue, its material effect is critical for women's lives but not all-inclusive for all women coming from diverse class, race, ethnic backgrounds. In that sense, following Roberts (1997) and Petchesky (2002) I understand reproductive liberty as much as a social justice matter as it is an individual right in this study.

Also for this reason, although access to safe abortion an absolute necessity³¹ for all women, I am hesitant to define abortion a "right." This is because reproductive rights contain a much broader spectrum of reproductive technologies, and also contain having the right not to have an abortion as much as having one. Although abortion is certainly not infanticide, it has been the case historically that decisions to forgo a pregnancy or a child has been overwhelmingly decisions made by men (Gordon 2002). Especially with

³¹ In arguing abortion as a "necessity" I follow Petchesky's (2002, 5) argument that "as long as women's bodies remain the medium for pregnancies, the connection between women's reproductive freedom and control over their bodies represents not only a moral and political claim but also, on some level, a material necessity. This acknowledgment of biological reality should not be mistaken for biological determinist thinking about women, my point is simply that biology is a *capacity* as well as a limit."

regards to contexts (including but not limited to Turkey) where there have been extensive asymmetries between men and women both within the familial domain and economic domain, I believe the right not to choose an abortion is at times as much of a right for women as it is to access safe abortion. As is the case with abortion, reproductive rights overall are also a much wider selection of choices that should allow women to have control over their reproductive health and capacities, particularly across class and race lines³².

III. Method and Methodology

This study is an inquiry on how seemingly similar (reproductive) policies have variable practical results and how we can assess policy changes in a way that is more

³² There is another dimension of the reproductive autonomy considerations which I think is relevant to this study, how “ownership” over one’s body and reproductive capacities. For example, (Unnithan-Kumar 2005) argues such understanding of bodily ownership is context-dependent. She posits that in certain contexts “collective ownership” of one’s body and reproductive capacities have priority over individual or private ownership of body. From this point of view, social relations constitute the “body” in the sense that reproductive capacities are used in line with familial and societal, rather than individual, prerogatives. Babies or pregnancies are not individually owned, but symbols of the connection between pregnant women and their families (Unnithan-Kumar 2005). Consequently this also means that one can have ‘reproductive agency’ accompanied by a lack of visible action. The “decision to forgo action, rather than action itself, also reflects autonomy” (Unnithan – Kumar 2005, 6). Reproductive agency, in other words, can arise as actions other than going on the pill, getting an abortion, or deciding not to have children.

I think the differences between how bodily ownership is understood across contexts is an important part of why reproductive technologies also “mean” different things. I also think what Unnithan-Kumar (2006) argues with regards to more social definitions of bodily ownership also holds for Turkey. The reason why I do not use this argument more in this study, however, is two-fold. One is that I do not think it explains the inequalities existent within Turkish reproductive policies and practices – not only are men outside of the “social ownership” with regards to their bodies, it is also that even though there is a more communal understanding of owning one’s body it does not mean women should have less say than authority figures in their lives with regards to pregnancy or contraception. In that light, the second reason why I did not include Unnithan-Kumar’s (2005) argument in this study is simply that I personally can not resolve the bigger tension between contextuality and universality with regards to rights and freedoms – or whether it is sensible to argue certain rights do not translate to certain contexts. Overall, although I criticize the liberal feminist standpoint, I do not think I can divorce myself from it entirely in this study.

cognizant of practical realities of women. For that reason, I try in this study to think through the Turkish case in order to demonstrate the complexity of reproductive policy outcomes, and how they create policy constituents, empower some groups over others, and influence social meanings and practices surrounding reproductive policies. On the one hand, this requires me to take policies as political discursive constructs that emerge from (gendered) institutional structures as well as from (gendered) norms, practices and ideals. On the other hand, however, policies are also historical artifacts, emerging from social and political structures at particular points in time. It is unlikely that policy effects are the same across different points in time also because social structures are dynamic rather than static phenomena. Socially meaningful factors come together at certain times to create policies of a specific nature. In that sense, I benefit in this study both interpretive and historical approaches to policy analysis and argue these methods are complementary. Tracing policy emergence in its historical trajectory, I then use interpretive policy (content) analysis and discourse analysis³³.

Policies are historical and discursive, and they have narratives that tell us why they take the shapes they do, and why they do so at that particular point time. As I understand it, it is almost a story of the rationality behind a policy that unpacks its historical character as well as the things the policy relates to each other within its logical framework. This is why I think integrating historical and interpretive approaches is a good idea - because it also gets to the heart of this narrative quality of policymaking. The “relevant things” policy discourses bring together in stories/narratives are defined and

³³ As (Gee 1999) suggests, there are multiple kinds of discourse analysis. Here I follow Fairclough (1993; 2003) approach to this kind of analysis as I will elaborate further below.

qualified by the social relations they are used within (Abbott 2001). In other words, the things that make up a policy area are discursive, but they are also sequenced within historical trajectories to create up a narrative about what that policy is, what it does, and why it is necessary. For this reason, I first place the policy debate within the socioeconomic and political background at the particular time in the beginning of each chapter - in order to trace why a particular policy might have emerged at that point in time and with that specific discursive character. I then incorporate an interpretive analysis of the policy and the debate surrounding the policy process by using two specific tools: interpretive policy/content analysis and discourse analysis.

Interpretive policy analysis and discourse analysis as separate methods do not necessarily require each other to work, but they share central concerns with regards to explaining social control and power makes them a good pair. Both interpretive policy analysis and discourse analysis is concerned about which social practices and norms are selected while others are excluded. In that light, they both ask what kinds of power hierarchies these selections create. They also both expose how relations between things are defined, for example what is more “valuable” over others, what is more “appropriate” than alternatives, and how things are positioned in relation to each other. In that sense, the power-laden and hegemonic consequences of preferring certain structural possibilities over others is at the heart of both interpretive policy analysis and discourse analysis. They both ask what existential or value assumptions are made through discourse, and what kinds of ideological foundations these assumptions imply.

Both being interpretive methods, they also share an understanding of what the concept of “meaning” indicates. For both, social reality and statements about the world are socially constructed rather than having an independent existence of how they are discursively understood. There are concrete, tangible things that we can possess and hold, but what they are and their value cannot be explained outside the meanings we give them. Especially for scholars like (Bacchi 2003), Gusfield (1981), and Fairclough (1993; 2003) which guide me in terms of both policy analysis and discursive analysis methods, everything is not discursive and nothing else. All three scholars agree on the point that there are material things and discourse is not the be-all of all universe. However, they all believe that discourse gives these things a shared meaning, and discursive identity that makes them complete with both substance and significance. Overall for them as for me in this study, “meaning does not have a pre-existing presence in ... words and expressions, it is an effect of the relations that are set up between them” (Merleu-Ponty 1964 quoted in Fairclough 2003, 23)

But discourse and discursive practices have tangible, concrete consequences all the same, particularly when reproductive health is the issue. The prevalence of sex-selective abortions in certain parts of the world or the numbers of women losing their lives due to clandestine abortions around the world, and the need for effective, safe and affordable birth control options in a significant number of countries are realities exist in discursive frameworks despite not being singly created by them. Reproductive autonomy and safe family planning options is a life and death matter for hundreds of thousands of women who do not have access to reliable reproductive health services. In other words,

as Bacchi (2003) suggests, being attentive to the relationship between discursive and non-discursive factors is critical for understanding how reproductive policy really functions for women.

a. Interpretive Policy Analysis

I argue in this study that integrating interpretive methodology with a historical approach would enable us to see how (socially meaningful) factors come together at certain times to create policies of a specific nature³⁴. The particular approach to interpretive analysis I use here follows the scholarships of Yanow (2000) Schwartz-Shea and Yanow (2012), Ginger (2006), Bacchi (2003), and Stone (1984; 1988) Stone (1984,1988) in taking policy instruments as not only rational, but also expressive of meanings with regards to reproductive authority, responsibility, family and gender. Meaning-making in that regard plays a causal role in the creation and nature of policies, becoming constitutive actions which not only influence policy, but also enable interpretive scholars to comment on the causality behind policy-making (Yanow 2000). Yanow (2000, 11) argues that “the role of the interpretive policy analyst is to map the ‘architecture’ of debate relative to the policy issue under investigation, by identifying the language and its entailments (understandings, actions, meanings)...” Explaining the “implications of different meanings/interpretation for policy formulation and/or action”

³⁴ On the other hand, the causal story that underlies interpretive policy analysis (and this study) is somewhat different than that of comparative historical analysis. Although I trace the historical emergence of the policy, the primary causal story that I would like to capture is one that pertains more to discursive practices and power instead of sequence. The question in this sense is how do policies and discourses influence each other to effect (gendered, classed, racial) power relations within a context in specific ways.

(Yanow 2000, 12) is important because it unpacks the constitutive causality behind policy emergence, nature and effect.

Complicating the constitutive causality behind reproductive policies (as other policies that use measurements, indicators, and statistics heavily) is particularly illuminating in that the mathematical and scientific rationality that such policies use usually legitimize themselves. When it is argued that policies are based on science, and that numbers do not lie, there is much less room for questioning the biases inherent within a particular policy. However, it is impossible to count without making (usually political) judgments about categorization (Stone 1988, 130). What is defined as a policy problem depends heavily on what is measured (and what is not) as well as the purposes for measuring them (Stone 1988). Especially for reproductive policies that increasingly depend on demographic statistics, decisions over what gets counted and what gets left out are political decisions.

However, what is counted depends in the first place on what the problem is defined to be. How an issue becomes a “problem” that requires a policy response is in fact the first step of the causal narrative it emerges within. In other words, not all social problems become public ones that impel governments to act on it. What becomes a policy issue hangs on somebody seeing an issue as a public problem that necessitates the state to interfere. In that sense, how an issue becomes a problem, “something about which someone ought to do something?” (Gusfield 1981, 5) Answering how an issue becomes a policy matter in that sense is the first kind of social meaning and discursive framework that policy has. Why an issue is a “problem” in the eyes of both policymakers (and

citizens) exposes the gendered, classed, racial and other biases that underlie the political process. For this reason, I have found Bacchi's (2003) feminist analysis to be a great tool to unpack policy rationality³⁵. Similar to Gusfield (1981) and Yanow (2000), Bacchi (2003) starts her analysis by asking "what the problem is" and examine policy "responses" as part of a discursive construction of the problem. She argues policies are prescriptive in that she argues policies to be "not ... a response to existing conditions to problems, but more ... a discourse in which both problems and solutions are created"³⁶ (Bacchi 2003, 2). Definition of a social issue as a "problem" is a representation rather than reflection, and policy responses would usually differ when the same issue is described differently. In that sense, the specific discursive creation of the problem also underlies the kind of response that will be necessary to address it. This is why while analyzing policies as prescriptive constructs, Bacchi (2003, 13) asks researchers to ask who is likely to benefit from this representation and how responses would differ if the problem was thought about or represented differently.

In that sense, the prescriptive role of policies is primarily about what it defines as a problem, and how it defines it. But there is more to this role in that policymaking is prescriptive in three more ways: first, by exclusion of certain issues, concerns, dynamics,

³⁵ While she does not specifically call her approach "interpretive", I think Bacchi (2003) operates on the same premises as Yanow (2000) and Ginger (2006) in that she is concerned with the discursive frameworks and social meanings that bring forward and shape policy. I also believe sociology scholar Gusfield (1981) was doing interpretive policy analysis much in the way Yanow (2000) describes it, although he predates the terminology by four decades. Reading Gusfield (1981), it is very hard to imagine what we understand as interpretive policy analysis could have existed without his influence. Another scholar who predated interpretive policy analysis while influencing it extensively, and often cited in interpretive literature is Murray Edelman (1971; 1977; 1985), from whom I also borrow a lot while doing this analysis.

³⁶ However while arguing policies are social as well as political constructs, this would not be to say it is merely manipulation or conspiracy (Bacchi 2003, 43). Instead, they are political outcomes in a social-institutional context that make it possible to use certain discourses over others.

biases in favor of others while defining the “problem”, second by limiting policy options or what is imaginable as a political solution, and lastly by creating constituents and designating who is to blame for the “problem” in question. For one, policies define something as a social “problem” by selecting from a multitude of things that can be addressed (but are not.) Even within a specific issue there are things that are overlooked and that are stressed as relevant. In that sense, policies are prescriptive not only in terms of things they define as problems, but as well as the things that they exclude. What kinds of gendered familial and sexual dynamics are encouraged and which definitions over family, sexuality, reproductive autonomy are left out/discouraged? How do these definitions fit with other legal structures regarding family, sexuality and reproduction? Silences on some issues over others, or some aspects of a “problem” are as telling not only for interpretive policy analysts but also for discourse analysts. On the other hand, as Fairclough (2003, 95-96) argues:

Many of these texts can be seen to limit policy options by portraying the socioeconomic order as simply given, an unquestionable and inevitable horizon which is itself untouchable by policy and narrowly constrains options, essential rather than contingent, and without time depth. Moreover, these texts often appear to be promotional rather than analytical, concerned more to persuade people that these are indeed the only practicable policies than to open up dialogue.

Within these discursive constraints of policy formation which then translate into institutional policy limitations, the constituents of policies are also defined and differentiated. In other words, definition of a policy problem also defines who should be compensated and who should be held responsible – or which social identities and

practices are “right” and which are “wrong.” As Hancock (2004, 5) argues, “elite manipulations and cues of public identities provide a feedback arrow to the start of the policy-making process” which then justifies the definitions, names and categorizations within policy discourse – while at the same time concealing the classed, gendered, racial or ethnic biases that allow them to exist. In that sense, definitions and classifications policies build are critical because by merely defining them they bestow “reality” and legitimacy to separation, exclusion, and characterization - categories that are more socially constructed/meaningful rather than “factual”. In other words, concepts that policies bring have the power to do the political work of producing subjects, and positioning them differently in power relations within that social framework.

Here, Ginger’s (2006) approach to interpretive content analysis guided me to a great extent. She suggests that technical information and policy frames used during the policymaking process are very demonstrative of the greater nature of the policy. I found this particularly relevant to this study because reproductive policymaking in Turkey through the decades was primarily justified and explained by medical or “technical” knowledge - something that Turkey no doubt shares with some other contexts. The changes in reproductive policies in Turkey since the 1960s have consistently been explained by “high fertility” (which was defined incidentally not as a political issue, but a strictly medical one where lower class women were at the center), and bolstered by statistical demographic data. In fact in Turkey, the primacy of technical discourse (be it in relation to medicine or demographics) over the issue was so dominant that many opponents of contraception and abortion felt the need to use medical information to

defend their position over the decades, even if it was for lip service more than anything. As I will examine more closely in the last chapter, even AK Party while leading the most vocal and morality-based opposition to abortion in Turkey preferred to frame the debate by referring to medical “facts” as well as demographic concerns. For that reason, the two questions below have been particularly useful tools while doing interpretive policy/content analysis:

- 1) What arguments and normative positions serve to connect technical information to policy decisions?

- 2) In what ways does the framing of the issue in the documents’ technical analyses highlight or deemphasize particular, normative, political positions? (Ginger 2006, 347)

I think what these two questions get at two important aspects of framing the policy discourse in a way that is heavily dependent on technical information. For one thing, defining the debate primarily in technical terms gives more power to those who hold that kind of power over others. In other words, policy documents are where Foucault’s power/knowledge dynamic (Foucault 1980; 2001) comes to fruition by making those who hold specific kinds of knowledge (usually bureaucrats, economists, and physicians) more powerful and authoritative during policy process, particularly over women who reproductive policies mostly target. The technical framing in that sense also conceals the political nature of the debate by making it “objective” in that it is founded on science rather than sociopolitical biases. Measurements, scientific facts, statistical

surveys somewhat depoliticize the policy process, and it came up in the documents I examined as medical and demographic statistics related to contraceptive, reproductive and childrearing trends in Turkey again and again. And while examining policy documents in light of these two questions I found Stone's (1988, 128) definition of measurement in policymaking very helpful. From this point of view, the purpose of measuring determines what is measured (and what is not measured). As I did my research, the lack of any abortion or birth control data on single women became the clearest example of such (political) preferences of what is counted for a policy issue and what is left out. For example, although the Turkish governments have conducted national reproductive health surveys every five years since 1965, it is impossible to find any statistical information with regards to reproductive health for women who are not married. In fact, single women have never been part of reproductive or women's health surveys. Although changes in law regarding abortion and provision of birth control have also been justified as measures to ameliorate women's reproductive health, there has been no information on the reproductive health of women other than those who are married. Is it because numbers on reproductive health among single women was deemed irrelevant for policy purposes? This not only demonstrated for me how selective statistical or technical information can prove to be, but also requires further inquiry to assess why how and why the national research projects which founded the reproductive policies overlooked a considerable part of the female population.

b. Policial Language and Discourse Analysis

One of the primary reasons why I picked to use discourse analysis while unpacking Turkish reproductive policy is because there are discursive limits to policies that make other alternatives as impractical, inefficient or impossible. As Fairclough (2003) argues, policy texts define the issues at hand and the socioeconomic conditions surrounding this issue as “simply given”, essential rather than contingent and atemporal. Policy texts in this sense are more “promotional rather than analytical, concerned more to persuade peoplethan to open up dialogue” (Fairclough 2003, 96). What a lot of policy texts (including those of Turkish reproductive policy) prefer this kind of “logic of appearances” as Fairclough (2003) calls it over an “explanatory logic” where “representations often do not go any deeper than listing appearances ... rather than offering explanatory accounts of change in terms of causal relations.” And since it exposes ideational and political biases in discursive practices, this kind of analysis is an especially useful to trace these different logics through discursive preferences and trends. Put briefly, discourse analysis first demonstrates *what* kind of discursive logics prevail over others when a specific policy issue is debated, and then unpacks *why* these logics prevail in relation to that issue³⁷. I think it is a particularly useful tool for examining

³⁷ While I use the single word “discourse”, I am also aware that most discursive practices actually borrow from multiple kinds of discourses at the same time. In other words, there is inter-discursivity within the speech acts that I examine. One text on a specific issue can draw from a multiplicity of different discourses, or have an inter-discursive character. As is the case with reproductive policy “texts” (which include speeches as well), most issues usually contain references to more than one discourse such as combining scientific discourses with moral, economic, developmental ones. In that sense, discourse analysis is the tool for exposing such inter-discursivity which allows for a more comprehensive exploration of the multitude of power relations not only between different aspects of the policy but also between the discursive communities participating in the debate - be it complementary or polemical (Fairclough 2003).

kinds of discourses that are by default assumed to be “neutral”, “unbiased”, “subjective” - such as the scientific discourse which gave much of its character to the Turkish reproductive debates over the years. In fact, such a “rationalistic” definition of contraception and abortion as scientific medical interventions not only concealed the gender and class biases underlying these policies but also reinforced the existing family and sexual dynamics in Turkey. Discourse analysis as a tool that exposes discursive preferences and power politics that create them is especially helpful in this case.

Another reason why I use discourse analysis is because it adds to interpretive policy analyses that unpack hegemony and hierarchy, primarily because discourse is the primary device that makes social control possible. It is a common language that contains shared meanings and definitions. It is not a “neutral” collection of signs or symbols that connect ideas and objects, but a practice that set the parameters of what is sayable and thinkable in a given social order by creating relations among ideas that do not have a pre-existing or necessary logical relations (Laclau 1980 quoted in Panizza and Miorelli 2012, 5). From this point of view, discourses are never apolitical and “objective” but a practice of world-making in light of its specific ideological biases. What is left unsaid is as demonstrative of power relations as much as what is explicitly stated. Exclusions not only point to limitations of what is possible to say and do within that context, but also exposes what is being collectively assumed without needing utterance. Shared knowledge, or common sense, in that sense is inclusionary for some as well as exclusionary for others. In that sense, while using the two methods together, it is possible to ask: What is assumed to be common knowledge, common sense, known or inferable ? What socially

recognizable identities is the speaker alluding to? In that sense, how this language and discourse positions and relates different identities (Gee 1999)?

While using discourse analysis, I follow Fairclough (2003) in terms of the tools he uses as well as how he understands the scope and limits of discourse. For him, discourse analysis is not a matter of reducing social life to language, or arguing everything is discursive and nothing else. On the contrary, he believes discourse analysis to be one of many analytical strategies, and one that can be used in conjunction with other forms of analysis (Fairclough 2003, 21). In that sense, Fairclough is clear about the limits of discourse analysis, but is also as clear about how much it matters for our sense of reality. For him, social reality is not pre-existing, but accessible only through discourse. His premise below in that sense is how I understand the role of discourse analysis as a method in this study:

For the discourse analyst, the purpose of research is not to get 'behind' the discourse, to find out what people really mean when they say this or that, or to discover the reality behind the discourse. The starting point is that reality can never be reached outside discourses and so it is discourse itself that has become the object of analysis. In discourse analytical research, the primary exercise is not to sort out which of the statements about the world in which the research material are right and which are wrong (although a critical evaluation can be carried out at a later stage in the analysis.) On the contrary, the analyst has to work with what has actually been said or written, exploring patterns in and across the statements and identifying the social consequences of different discursive representations of reality (Fairclough 2003, 21).

Exposing "the social consequences of different discursive representations of reality" is in this light the primary aim of discourse analysis, as well as one of the primary goals of interpretive policy analysis. Put another way, social and physical objects/events

exist, but our access to and understanding of them are always mediated through discourse. Texts are what make us give meaning to social events, and for this reason texts have causal effects on how we understand social reality (Fairclough 2003). Texts change beliefs, attitudes, values by bringing forward information and knowledge (Fairclough 2003). But the way we understand it changes over time as well. In other words, meaning making through discourse is a dynamic process where our understanding and definition of social reality is constantly changing. In that sense, social reality and social meanings are not understood to be static or everlasting. Instead, from this point of view, social phenomena are never ultimately fixed, finished, total (Jørgensen and Phillips 2002) - which means they are continuously contested by others who have interest to change it the way that would give them more power or legitimacy. It is the task of the discourse analyst to track these discursive changes and what kinds of political conflicts underlie them.

In this light, discourse analysis can be used in multitude of ways and in relation to a wide variety of issues. Here, I use it in two instances that are interrelated but not identical. The first instance I use discourse analysis is when answering the "What is the problem?" question that Bacchi (2003) proposes with regards to policy analysis. Explaining the discursive content of the "problems" and "needs" that underlie a particular type of policy response is in this sense the primary goal of using discourse analysis. The discursive preferences which justify these particular problems, needs, and policy responses are political and social, hence constitutive of social control processes within the society. In other words, policy problems as well as solutions are defined and

legitimized by discourse where problems are usually described through generalizations about what is bad, harmful or problematic. Textual analysis is in that sense is a way to research legitimation (Gusfield 1981) where social control becomes politically and socially legitimate over those who are creating the policy problem. For that reason, interpretive policy analysis asks what kind of generalizations are made, and for what purposes - and discourse analysis is the initial tool to expose the kinds of generalizations that appear in texts. “What the problem is” depends on and is legitimized by the kinds of generalizations and assumptions made in policy debates, and discourse analysis bolsters interpretive policy analysis by providing the initial entry to policy texts.

What’s more, how discourses legitimize political preferences is especially relevant to issues like reproductive policies where the scientific discourse plays such a big role. This is why the second instance where I use discourse analysis is related to the role of scientific discourse in reproductive policymaking. Not only does scientific discourse has been consistently used during Turkish reproductive policy debates to “expose truth”, justify policy decisions, and induce belief and assent, but it also allowed powerful groups such as physicians and scientists to have a seat at the table. In that sense, the scientific discourse helped create the depoliticized “reality” on which reproductive policies were based, but also gave specific group of elites political power. The fields of knowledge such as medicine, economy, demography provided specialists right to speak by default which also meant their grasp over the privileged kinds of knowledge gave them power over those groups who did not have such knowledge, especially when it came to lower-class women which the policies usually targeted. In that sense, similar to

what Foucault (2001) argued, the scientific discourse operated during reproductive policy debates not only as a field of knowledge but also as a “modality of power to be secured and justified” in politics. Furthermore, what Foucault argues with regards to political power and scientific discourse is especially relevant to the Turkish example for two reasons. The first, and more evident reason is that many elites such as physicians and economists were some of the Parliament representatives and bureaucrats who created and signed off on Turkish reproductive policies. But, a second reason that is as important is the repeated juxtaposition of the male elite/physician with scientific prowess and the ignorant, lower-class woman which will become one of the main themes of these reproductive policy debates - and which will end up maintaining many class and gender hierarchies operating in Turkey.

While unpacking the power hierarchies supported by the use of scientific discourse, I also use questions Gusfield (1981) asks with regards to the role of scientific discourse in his study. Especially because the families and women the studies used during reproductive policy change in Turkey have consistently been excluded from the debates, Gusfield’s (1981) approach to the relationship between the speaker and object of study in scientific discourse is very relevant for the Turkish example. From this point of view, the important questions with regards to scientific discourse (hence, power) during policymaking hinges on these questions: Who is the author (of the scientific discourse) in relation to the subject of studies? Is the scientist/elite speaker among those he describes, or not? What is his stance towards and distance from those he studies? By asking these questions Gusfield (1981) makes an observation that the objects of the studies used in

policymaking are not its audiences, as was the case in Turkish debates over reproductive policy. Instead, the author and the audience are assumed to be superior to the subjects. This is because neither the authors of scientific discourse nor the audience are expected to be “ignorant” enough to be in the need to limit births in the first place - something that lower class families and families are assumed to be too ignorant of both birth control and family economics to realize by themselves.

c. Data Collection and Analysis

In order to conduct interpretive policy analysis and discourse analysis, I compiled a set of documents that I believed would give me a good sense of the trajectory of the reproductive politics in Turkey. This set of documents, or my sources of data, cover two separate but interrelated dimensions of reproductive policymaking – the first are official government documents, while the second is news archives on reproductive politics and technologies in Turkey. I thought while the government documents would shed light on the official discourse as well as how it got settled, the newspaper archives would give me a sense of how the issues were talked about and debated outside the Parliament. In a sense, I hoped to get a glimpse of the societal discourse and narrative about reproductive politics in Turkey, and understand how societal and official discourses fed into each other.

For that purpose, I did three database researches. The first was finding the policies and regulations that controlled access to reproductive technologies, specifically contraception, abortion, and in vitro procedures. These are standard policy documents

that are either passed by the Parliament as a law, or regulations that have been issued by the Ministry of Health to specify the implementation of the laws. They state the institutional boundaries of reproductive services, and demonstrate standard operating procedures. I found the relevant policy documents by searching the Official Gazette archives and the Ministry of Health database.

The second source I used for data was the Parliament debate transcripts. To find the relevant session transcripts I searched the Turkish Grand National Assembly online database by using the keywords “abortion”, “birth control”, “family planning”, “test-tube baby”, “sperm donation”, “ovum donation”, “gamete donation”. In consequence of this database search, I found 48 Parliament transcripts of sessions during which reproductive technologies or family planning has been debated in Turkey dating back to 1961. These documents were an invaluable source to me as I could learn the exact arguments made by policymakers during the process, and the kinds of discourses they used to explain, support or oppose reproductive technologies. Unsurprisingly, the number of transcripts per year about reproductive policies peaked between years 1963-1965, and 1981-1983 (during the first and the second family planning initiatives), while rest of the time family planning appeared very sporadically and in relation to other politics such as agriculture and development³⁸. I used these transcripts to piece together a trajectory of reproductive

³⁸ Something that has been particularly interesting with regards to Parliament transcripts, however, is that the 1963-1965 and 1981-1983 periods had much more recorded debate on reproductive technologies and family planning than the 2000s. I think there are two reasons for this – one is that the proposal about limiting abortion access in either 2003 or 2012 never actually came to the Parliament. The second reason I think is that the debate over issues in the Turkish Parliament has become more conflictual than communicative. Reading Parliament transcripts over time I could not overlook the fact that discussions on the Parliament floor had become less about “policy” and more about “politics” with much less debate over substantial aspects of policy issues. Maybe if the abortion proposal had made it to the Parliament floor the

policymaking in Turkey, especially in relation to issues defined to be “bigger” such as development and economy.

The last source of data I used is newspaper archives. I used Milliyet Daily archives going back to 1950, and searched for the keywords “family planning” , “abortion”, “sperm donation”, “ovum donation” starting in 1950. While there has been crosslisting on about 15% of news articles, I had 1216 articles for the keyword “family planning”, 1776 articles for “abortion”, 72 articles for “sperm donation”, and 41 articles for “ovum donation”. I picked Milliyet Daily for a number of reasons – it is one of the oldest and most popular daily newspapers in Turkey (hence contributes to the public discourse), it is moderate in terms of its political leaning – which I thought to be representative of a general opinion -, and it is one of the few newspapers which has electronic archives one can do a database search.

debate would have been different. However, there is still a substantial and visible change of content and tone of Parliament debates in Turkey during the 2000s compared to 1960s.

Chapter III

“I Beg You, Doctor”: 1960s and Emergence of the Family Planning

Debate in Turkey

I. Introduction

The 1960s was a period during which family planning and population increase became policy problems in Turkey and abroad. It was the beginning of the domestic and international debate over birth control. And incidentally this debate not only bolstered existing gendered and classed definitions of dependency on “national resources” but also called for therapeutic solutions to fertility levels that were found to be too high for (mostly) developmental reasons. From the Turkish point of view, the 1960s was a time of a new planned economy with a developmental purpose, increasing institutionalization of professional organizations and state offices, a new health policy which aimed to “socialize” health services, widening of urban immigration, and increasing fertility levels across the nation. Thus for Turkey at the time the family planning and birth control debate sat at the intersection of these new developmental plans, health care reform, higher fertility levels and increasing urban density, and emergence of professional elites.

After the 1960 coup and establishment of the State Planning Agency (SPA) by elite bureaucrats under the purview of military, developing the economy and finally realizing a fully modernized Republican Turkey had become the central political project once again. This also coincided with the international efforts to bring family planning and birth

control to developing nations, in light of both humanitarian and strategic Cold War goals. Such international calls for reducing fertility levels across the globe through “modern” birth control methods was then adopted by domestic elites and professionals who wanted Turkey to develop and modernize. Plus, from the point of view of the public health and SPA bureaucrats family planning could be an answer to the already existing developmental concerns instead of a foreign and unwelcome intervention. Most of the bureaucrats and professionals who helped initiate the family planning discourse in Turkey were also not only connected to international professional/academic networks which kept them in the loop of the international debate, but they also embraced the goal of decreasing fertility levels which were deemed to be too high in a developing Turkey.

a. Domestic Background: Socioeconomic Framework Surrounding The First Family Planning Initiative

Turkey started the 1960s with a coup which left many of its politicians of the 1950s dethroned, its Prime Minister, Minister of Foreign Affairs and Minister of Finance executed, and with its economy in regression as the foreign aid dried out. At the same time, the 1960 coup was followed with the rewriting of the constitution which actually led to the most liberal and rights-based constitution in Turkish history (which would be rewritten in a much more authoritarian nature again after the 1980 coup.) The 1950s had been the decade of the now dissolved Democrat Party (DP) with a popular base across the agricultural workers and free market supporters, and DP ruled the country from the first multiparty elections in 1950 to its termination by the 1960 coup. And although the

economy could no longer sustain itself without foreign aid by 1958, and the trade deficit had multiplied more than eight times since the 1950, the DP period was one of a relative prosperity and (unsustainable) growth³⁹ (Zürcher 2004).

The State Planning Office (SPO) was also created shortly after the coup, being given important say in social, economic and cultural goals of the new Republic in light of the existing economic conditions. Import substitution was another policy the new regime believed would get Turkey out of its economic troubles and put it in a developmental track⁴⁰. Thus, starting in 1963, five-year development plans were drawn by SPO as a strict guideline for investments and allocating incentives for private business. The State Planning Office also became a central actor in the family planning debate because it was the primary state institution placing family planning in the center of these developmental plans. And because the Agency was precisely created to draft the developmental route for Turkey and housed some of the most highly educated and elite economists and bureaucrats of the time, this also made family planning a primarily “economic” matter above all else. Although medical scholar bureaucrats at the time such as Prof. Nusret

³⁹ Contrary to the Republican People’s Party (RPP) which had been the only party in Turkish politics until the rise of DP, and the only one founded by Mustafa Kemal, which had a base among bureaucrats and professional urban elites, DP believed the modernization drive should be initiated from an agricultural base (Zürcher 2004). By providing cheap credits to farmers, maintaining agricultural prices high, and allowing importation of agricultural machinery that vastly increased output and enlarged efficiently used soil, DP enabled a period of growth and increase in agricultural output in the first half of the 1950s in Turkey. Consequently the whole economy grew with the help of agricultural expansion during the same period. While the economic boom ended in 1954, and the subsequent DP governments had a harder time maintaining importation, subsidies and increase in wages, DP held political power until the coup in 1960 with an increasingly dependent economy. The 1960 coup meant several things, an important one being that even in a populist political framework, the Turkish military would keep the final say and reigns on the political landscape. It also meant a return to the RPP leadership where bureaucracy with the guardianship of military would dominate politics and economic trajectory.

Fisek initiated the debate on family planning due ghastly maternal and infant death numbers, the SPA was also very welcoming to the issue because they believed no developmental plan would actually work in conditions of high fertility and rapid population increase. The translation of concerns over population as primarily a health issue to a primarily economic matter in that sense happened when the issue was brought into the attention of the SPA.

From the point of view of Ministry of Health, family planning was also compatible with the new plans to “socialize” healthcare in Turkey. Although the socialization project was never laid out in a detailed way, what was aimed at the time with the project was bringing state sponsored healthcare facilities and especially primary care to remote areas and small towns, incentivizing doctors (who could have lucrative careers in urban centers due to the small number of doctors in Turkey at the time) to work all over the country, and providing preventative care -something extremely important in a country which fought epidemics from time to time (Fisek 1992). In other words socialization in Turkey did not mean healthcare costs being taken over the state, but more state involvement in creation of infrastructure and accessibility to healthcare in outside urban centers. Family planning fit into this project as birth control accessibility and high fertility, maternal and infant death was a bigger problem in rural and remote areas than urban centers. But although this was the plan, Turkey nevertheless continued to struggle with distribution of healthcare personnel until 1990s, and the healthcare budget was chronically inadequate which prevented from socialization or state family planning projects from properly taking off. The facilities were continuously built, but there were

little personnel and money to efficiently implement plans. The population and family planning projects of the Turkish state emerged and were implemented within such a framework.

But as the elite economists in the SPO saw it, family planning was also crucial for the developmental plans to work. In this sense, not only was SPO was the primary institutional supporter of reducing fertility rate to accomplish developmental goals, but the reactions of different parties to SPO became a shorthand for their approach to family planning. For example, center-right parties which could be considered as successors of Democrat Party (such as the Justice Party which won the 1965 elections) did not wish to accede the control of SPO plans over the economy. On the other hand, the Republican governments following the coup and creation of SPO believed its policies to be binding for all sectors, maintaining a “statist” approach according to Zurcher (2004). This not only meant a back and forth in the role SPO played in Turkish economy according to who was in power at the time (although its plans were technically binding for economic investments and priorities made by the state), it also indicated a particular government’s stance towards family planning. Similar to the unstable SPO support among governments, family planning became more and less of an issue as holders of political power changed in Turkey up to today.

On the other hand, the new developmental plans depending on import substitution brought several developments that affected the welfare of Turkish families and ignited urban immigration that was one of the “concerns” the family planning program was built in response to. Although the import substitution initiative resulted in crippling

dependency to foreign technology and intermediate goods and had to be abandoned in late 1970s, the economy grew steadily in Turkey during 1960s with the help of massive remittances from Turkish laborers in Europe and foreign credit given to Turkey as a “loyal” Western bloc country (Boratav 2003). Also during this decade, ability of numerous different groups to organize and at times influence politics gave the Turkish political landscape a more democratic character where capital needed to be at least sensitive to demands from agricultural sector and urban laborers (Boratav 2003). Such a political conjuncture also aided the creation of a social security system in Turkey in the late 1960 - mid 1970s although the system was far from providing universal coverage.

However, as the expansion of the agricultural sector came to a halt, great numbers of previously agricultural workers started immigrating to urban areas in which employment was scarce. In other words, investments and subsidies were directed towards import substitution industries that put some of the agricultural labor out of work, but did not expand enough to provide them with employment opportunities in the cities either. On the one hand, that most of these new urban residents had not severed their ties with agricultural production system as they transitioned to cities, and that they could find low-paying and insecure informal service jobs in the city enabled their survival. But on the other hand, this duality either delayed or hindered the majority of this new “underclass” to climb out of the margins of the urban life (Boratav 2003). In a sense, the 1950s and 1960s was the first time urban higher classes started to share their hometowns with rural families to such an extent.

Furthermore, the 1960 coup was followed by what some called “The Second Republic” where the state was a bigger economic player than it had ever been with its own businesses and incentives. This also meant a bigger, more detailed institutionalization of the Turkish state where many elites such as economists, doctors and other professionals becoming bureaucrats to head these new offices. In a sense, the 1960s was a decade where the “modern” scientific knowledge over how to attain economic and societal development took the center stage once more as it had during the Republican 1920s and 1930s, but with deeper professionalization and widening of the institutional responsibilities within state ministries this time around. Although the Turkish state had successfully fought epidemics and drafted development goals before the 1960s, this was the first time when biopolitical interest in population and reproduction for the purposes of development lined up so seamlessly with this increasing consolidation of expert institutionalization.

b. International Influences: Emergence of the Population and Birth Control Movement Across the Globe

The 1960s also saw the emergence of the international population control advocacy which followed a Neo-Malthusian theory that population growth and “excess” births is the primary culprit of future global economic and environmental crises (Petchesky 1995). Neo-Malthusian arguments had been debated in the U.S. since the 1950s, and the Population Council, the primary NGO which advocated for disseminating the word for birth control and family planning, had been founded in 1952. The discussion over Neo-

Malthusian “threat” widened in the U.S. as the “Population Bomb” pamphlet penned by the Dixie Cup magnate Hugh Moore in 1954 – which was then taken up by the presidential advisor General William H. Draper (Goldberg 2009). The advisory council under General Draper prepared a report in 1959 which “concluded that population growth was reversing any gains that economic aid might offer poor countries” and called for the U.S. government to support population research within UN (Goldberg 2009, 48-9). In other words, the Draper Report in 1959 placed population increase (especially developing countries) as a security issue in the U.S. as well establishing birth control as a defense mechanism.

For the U.S., the reasons for taking on family planning as a cause were varied and at times intertwined. For example, while the “Population Bomb” pamphlet which was a treatise to the threat posed to the U.S. by the possibility of Soviets using crowded and poverty stricken nations to “conquer earth”, Rockefeller himself was known to be critical of Moore, the author of the controversial “Population Bomb”. From the standpoint of Rockefeller as the founder of Population Council, he argued to be more interested in the “humanitarian aspects” of birth control (Connelly 2008). On the other hand, “realpolitik driven fears of swelling third world population” and fighting communism appeared to be the primary goals while humanitarianism and women’s liberation were more coincidental and tertiary⁴¹ for the U.S. policymakers (Goldberg 2009, 41) For that reason it was important that the American economic aid programs to poor countries were effective in not only reducing poverty, but also in minimizing the potential for the Soviet bloc to

⁴¹ Race suicide, on the other hand, was not a driving concern because the birthrates in Europe and North America were actually increasing at the time (Connelly 2008)

expand. What is more, the U.S. itself was debating fertility and population control as a domestic issue as well as thinking about its international repercussions.

Another dimension of the population increase in developing nations which was debated by international population planning advocates was its eugenic and class biased nature. At the same time, neither international nor domestic family planning advocates across the world wanted to define the eugenic distinctions implied in the kinds of families that were deemed to “need” birth control. Instead, the goal of the movement was defined by “population quality”, a concept that led to differentiating fertility levels across families who were “high” and “lower” quality - which was an implicit class distinction. For commentators on both left and right sides of the political spectrum, birth control and family planning was necessary and dangerous at the same time since “families with higher education, income and intelligence” would choose to adopt family planning while the others would not (Connelly 2008, 168). This phenomenon of “differential fertility” was a concern shared across countries, including Turkish advocates of the first family planning initiative. If the population planning projects prevented families who “should” reproduce from doing so while those who “should” adopt birth control did not, the result would be completely at odds with the initial goal.

Population Council was also on the same page with regards to differential fertility from its foundation in 1952. The first draft of the Population Council mission statement stated it would work to create conditions such that “parents who are above the average in intelligence, quality of personality and affection will tend to have larger than average families” (Connelly 2008, 160). Increasing individuals with higher intelligence, higher

cultivation, higher education was the overwhelming preference of the 1960s discourse on family planning, which mostly meant differentiating among families who should or should not procreate less across class lines. According to the same logic, the poorest needed birth control the most, and they could recognize their self-interest in reducing fertility if only the case for it could be properly made.

This rationale found a welcoming audience among Turkish policymakers and economists as well. Concerns over differential fertility across different classes were not only a worry with regards to the family planning initiative in Turkey, but also the central reason for educating (poor) families who “needed birth control the most”. Parallel to the Population Council objective, Turkish people could be “shown” their self-interest in limiting births which would prevent families and Turkey from prosperity and modernity (Connelly 2008, 162). The family planning survey carried out in Turkey by the Population Council in 1963 also helped make this point public. Following the survey, it was declared on newspapers that an overwhelming portion of the Turkish people (and especially those in the rural regions) wanted to lower births. It was the conviction of Council president Bernard Berelson in the final report that the Turkish people would welcome the state assistance in education and dissemination of information, and they would listen if the state wanted to help them in family planning (Berelson 1964). Furthermore, “the better-educated and better-informed people in the society are

particularly concerned about the [population increase rate]” which clearly indicated who “needed” birth control awareness⁴² (Berelson 1964, 5).

While family planning as a state-endorsed practice was a new policy in Turkey, looking at the population as a body which should be cultivated both physically and socially had not been foreign to the new Turkish Republic. Neither was this the first time political leaders and professional elites took it on themselves to “elevate” the Turkish nation to the Western ideals of education, modernity, development. The Republican project itself was mainly concerned with “bringing Turkish people up to par with” Western modernity with regards to education and law as well as culture. This, however, was the first time when the Turkish developmental project (as with other developmental projects across the world) coincided with the international family planning movement as well as the institutionalization of professionals who took leadership in fertility, public health and economic planning. While the primary concerns with regards to why family planning is necessary might have differed between the economists (development) and public health experts (maternal and infant deaths), both sides nevertheless made judgement calls on what the Turkish society “needed”. Defining these needs as a result

⁴² That a significant portion of the Turkish families wanted to limit births was a finding that came up in other reproductive surveys carried out in Turkey by Hacettepe University since 1960s to today (Hacettepe Institute of Population Studies 1978; 1983; 1988; 1993; 1998; 2003; 2008a). In other words, a big group of Turkish families have wanted to limit births since 1960s, mostly for economic reasons. In that sense, I do not think the 1963 Survey was misrepresenting the general sentiment among Turkish families. What is more significant is I think that the report was also used to legitimize state involvement in birth control. At the same time, similar Population Council surveys on family planning and birth control was carried out in many states around the world at that time. After initial projects in India and Japan, Population Council started providing assistance and disseminating the word about modern contraception which then led to the Turkish government requesting the Council in 1963 to send an expert team to do a demographic survey as a feasibility assessment for a national program (Metiner 1966). The Council provided recommendations for operational guidelines and conducted the survey. In Turkey, Hacettepe University has repeated a similar survey every five years since 1968 and initially with assistance from The Population Council, and later from Rockefeller and Ford Foundations.

required a policy response that constituted its targets. And although the debate on the need to curb birthrates had started among local doctors and economists in Turkey prior to the Council survey, the Survey further gave legitimacy to elite assessments over family planning needs of Turkish people - especially those who “could not properly take care” of their children. In that light, the first order of business was to curb the population increase and fertility in order to be able to attain developmental goals, and enable each family to bring up their children as “individuals that are beneficial to the society, and beneficial to their families”. And it appeared both from the Council survey as well as by the national news coverage on the survey results that rural, uneducated and poor Turkish people just “did not know” how to prevent births, and “needed” a more knowledgeable authority to help them so that they could bring up their children to be beneficial participants to the society.

In that sense, the Turkish family planning initiative was the quintessential example of Foucault’s biopolitics. In addition to that, the family planning initiative also sat at the exact point of intersection of local and international dimension of reproductive politics that Rapp and Ginsburg (1991) argue cannot be separated, especially for developing countries like Turkey⁴³. Thus, while the international family planning movement would be renounced repeatedly by future Turkish governments as a “foreign plot” to reduce the Turkish (or Muslim, depending on the commentator) population, the

⁴³ Rapp and Ginsburg’s (1991) seminal piece has been one of the first systematic definitions of reproductive politics across contexts. It defined “politics of reproduction” as consisting of two dimensions, local and global. Reproduction, from their point of view, could be understood only in the intersection of local practices, and international and medical developments. Especially from the point of view of myriad developing countries who initiated family planning projects during the height of international population movement of the 1960s, Rapp and Ginsburg (1991) make a particularly relevant point.

emergence of family planning idea in Turkey was a collaborative effort. It was the networks of ideas, individuals and institutions that were decisive in the expansion of population control efforts rather than a single and centralized “conspirator”. Like (Connelly 2008) argued, those who wanted to control world population could not have become successful if they did not find allies abroad who might have been driven by different aims but who had adopted the need to reduce fertility within their countries regardless. In Turkey, there was demand for “modern”, “scientific” knowledge on economics and medicine, especially for a developmental cause. Also, Turkish elites (who then were usually educated in a handful Western countries) worked within professional networks which kept the flow of information going. This enabled different groups from different contexts to be able to converge around the family planning concept, at least in Turkey where the state or foreign NGOs did not force families to adopt a birth control method. The “urgent” need to adopt family planning across the world and the concern for the “quality of life” for the man to realize his full potential was something that the Council understood to be its reason of existence (Berelson 1966), and this found an audience among Turkish elites. It was a natural collaboration for both sides who shared the biopolitical cause of creating productive individuals who could cultivate their potential. In other words, the first Family Planning Law of 1965 emerged in such an intersection of national and international political landscape, and it was very much in line with the Republican dream of modernity. It was understood to be a solution to “ignorance” as the longtime nemesis of the Republic, as well as another step towards development in Turkish history.

II. The 1965 Law on Population Planning: The Debate

Following the 1963 Survey and years of negotiation on the issue, the family planning law was passed in response to the “need” for family planning in Turkey in 1965. The first and foremost legal change this law brought was to legalize importing, distributing and selling IUDs and birth control pills in Turkey. It also provided a legal exception to the abortion ban in cases where mother’s health was critically threatened under the purview of a medical committee to be created by the Ministry of Health. This law not only officially reversed the pronatalist policy in Turkey, but also created a significant amount of controversy and opposition for doing so. And like many others across the world, the new law made women accountable to medical committees appointed by the state to approve abortion requests, which were granted only in cases of emergency treating the mother’s life, abnormalities in the fetus, or other “grave” genetic traits which the law stipulated as transferable to future generations⁴⁴. Even though the law

⁴⁴ The regulations laying out the implementation of the 1965 Law states the following “illnesses” as reason for granting abortion authorizations: mental retardation, chronic schizophrenia, acute manic depression psychosis, psychoses related or unrelated to pregnancy and paranoia. Not only can these exceptions be questioned and debated with regards to the eugenic and gendered biases they carried, but it can also be argued women by this law was put in a position where had to “prove” mental illness to an (overwhelmingly male) group of physicians in order to be granted an abortion authorization. State supported medical gatekeeping with regards to abortion and other reproductive services, and that it puts bodily autonomy of women under control of medical authority is an argument which is often made in the reproductive politics literature, most recently by Halfmann (2011). The 1965 Law in that sense is an example of such (almost always gendered) medical gatekeeping with regards to abortion in Turkey. As Halfmann (2011) also argues, establishing medical gatekeepers for abortion exceptions most likely reduced the controversy surrounding abortion in Turkey at the time of law’s passing as well. However, given the most common mental health reason for granting abortion provisions was clinical depression according to a statement given by the Ministry of Health and Social Welfare to the Parliament in 1972, it also suggests women were put in a position to carry the burden of proof to prove mental “disorders” to outside authorities. In this light, according to the same statement, the medical committee receiving the abortion request would have to investigate the patients’ medical history, her reaction to stress, her physical and mental condition in light of

itself was limited in scope, and was generic with regards to its stipulations as well as the control it gave state and medical committees it authorized, the debate throughout the policy process was quite demonstrative of the multiple gender and class dimensions of reproductive rights (or the lack thereof) in Turkey.

The debate which resulted in the 1965 Law had two principle biases that defined it. For one, it was a debate founded on existing class hierarchies, and secondly on existing gendered hierarchies. In that sense, the family planning policy created and differentiated its constituents along class and gender lines. The back and forth regarding reproductive rights, and who could hold them depended on the economic rationale underlying the family planning debate as much as the existing gender asymmetries with regards to sexuality and bodily autonomy. The fact that the primary justification for proposing legal contraceptives was the need to reduce fertility especially within families who “had more children than they could afford” meant that the family planning debate was primarily one of who should procreate and who should not. What’s more, an imagery (also reinforced by the Population Council survey) of mostly rural, desolate families having the desire to limit births but not the knowledge to do so, made it possible to explain the family planning goal by a “need” and “willingness” on the part of its targets. In a sense, it targeted differential fertility but with a justification that could not be contested in the face of lower class families wanting to limit births. Who should and should not procreate, and

her socioeconomic circumstances in order to decide the “effect pregnancy might have on the mother’s mental health” and whether to grant an exception (*National Assembly Account of Proceedings, 67th Session, 1972*).

who needed to be educated on fertility control was thus the first question that molded the shape of the family planning debate during 1960s.

Construction of policy problems is “as much a way of knowing and a way of acting strategically as a form of description” (Edelman 1988, 36). The class and gender biases of the family planning “problem” and its solution also allowed existing classed and gendered hierarchies surrounding reproductive rights, fertility, and socioeconomic status by serving some interests (elite, professional and urban) over others (lower-class, rural, blue collar, and immigrant). The policy and debate surrounding it opened questions of who “needed” birth control the most, who should access contraception, and as importantly, who should *allow* access to contraceptives.

a. “Educated Families Limit Births Already”: Class and Differential Fertility

The first and foremost goal of the first Turkish family planning initiative was to slow the population increase rate and reduce fertility rates in order to accomplish developmental goals. The new national policy was defined as “not controlling births, but doing population planning” (*Milliyet Daily* 1969) with a clear developmental goal in eyes of economists and bureaucrats alike. From this point of view, Turkish population should have increased, but it should have been a welcome/planned increase which would not lead to poverty. As economists and bureaucrats saw it, the strongest reason for wanting to decrease fertility was to “increase national savings and investments” and to be able to redistribute more to each person as the developmental goals were achieved (*Milliyet*,

1969). Thus, planners argued even though the economy grew, an increasingly bigger population with the existing population increase rate would offset the planned growth.

On the other hand, opponents of the law weren't particularly opposed to the economic rationale behind the family planning initiative. They wanted economic development just as much, but not in the expense of shrinking the population. In other words, the population was an economic apparatus for both sides of the debate, and the disagreement was on how exactly to use it most properly. Arguing investments should instead be directed to intensive agriculture, and that development would inevitably correct the inadequacies of redistribution, opponents of the law posited Turkey was geopolitically vulnerable with a smaller population which could not fight wars. Instead, the population increase should have continued and investments should have been directed towards agricultural production instead. Overall, the economic rationale for considering population policy was the first and foremost consideration for both sides, although numerous policymakers also believed legal contraceptives would also ameliorate the high maternal death rates.

But economic considerations for reducing fertility brought forward numerous other tensions as well. Arguing the need to decrease fertility made it inevitable not to ask who actually had "too many" children, and who "needed" to adopt birth control. Now, policymakers such as Nusret Aras were aware of maternal death numbers in rural and smaller urban locations, and had argued for legalizing contraceptives for that purpose before family planning entered the political agenda. However, with the Population Council survey results being publicized in the newspapers, the question of family planning

became not only national but also more complex. The survey reported a vast interest (72% of women and 65% of men surveyed in 29 cities, 46 towns and 240s villages according to the survey report) in controlling births and contraceptive methods across Turkey, especially in rural areas where respondents stated they had more children they at first wanted (*Milliyet Daily* 1964a). Furthermore, publicizing the survey results provided “scientific” justification for the new policy proposal, and a good vehicle to break the news to the public about the “need” and “desire” in Turkey for modern contraceptives.

However, it also meant defining what was a “too high” number of children, and differentiating families with 2 or 3 children from those with 7 or 8. While urban families at the time had less children than rural families in Turkey, how many children one family should have was at the time as it is now a discretionary decision rather than an objective standard which is subject to government intervention. In other words, even though there were objective wealth differences across Turkish families, how many children were “too much” for some families was a subjective definition made by political and professional elites who found the prerogative to make such a judgement due to their socioeconomic status. Although this was not the universal sentiment among all policymakers, classed differentiations on what was “too much” and “enough” children also exposed the contradictions with regards to fertility objectives. Educated urban families with means should have had more children while lower-class families had less, and if family planning caused higher class families to have even less children while not affecting lower class families that was the complete opposite of the desired effect. This is why some explicitly opposed the law - legalizing modern contraception would be harmful precisely because it

would be the urban, upper-class families would adopt it more than families the policy actually targeted. While numerous representatives made the argument on the floor that the law would be ineffective at best, and harmful as “the educated urban elite who should procreate” would be the ones adopting family planning instead. Indeed, urban centers were rarely the “problem” from the representatives’ point of view during the debates, the examples of desolate mothers and families unable to feed their children came overwhelmingly from rural areas. But, assuming the “ignorant masses” would not be interested in the new contraceptives, the law would only diminish the “valuable” members of the society. The opposing statement made by representative during the Parliament debate on the new policy proposal in 1965 is such an example:

“Friends, I am completely against the cost of [birth control] tools and drugs. As it is done in the United States, the patients should come to the city, they should first of all see a physician, [the physician] should inquire about him, he will ask his income. He will identify his social position, will say ‘Ok, you can leave.’ He should then invite [the patients] back, if they should really not be having children for some physiological reason in light of medical science, he should help them [get contraception], if not, he should by no means [help them]. On the contrary, we are now [discussing] helping whomever wants it. Friends, that is not acceptable. There is no help to whomever wants it. This nation needs good young people, valuable members. And how do you know you won’t get a genius on the fifth child? Friends, this is not acceptable. It is not acceptable in the United States either. While we are trying to turn our face toward to the American approach, to the civilized world, we can’t do what is done in Hungary, Pakistan or India. The selection policy in the U.S. is carried out by allowing biological factors that help produce the wealthiest, the most dynamic and powerful country in the world. Family planning in the U.S. is one of the factors that makes the U.S. what it is (Cumhuriyet Senatosu [Republican Senate], 1965a).”

Preference over selective access to contraceptives to maximize the “valuable” members of society was not only in line with Population Council rationale, but as (Connelly 2008) argues, a common reflection of the implicit eugenic tendencies in the population planning movements of the 1960s⁴⁵. The language of eugenics in the Turkish case in that sense not only legitimized birth control by defining its purpose, but emerged as a social control mechanism over women and men coming from lower classes. Similar arguments were made not only by politicians but by a number of physicians who argued those who “need” do control births would not implement the new methods while the “valuable” portions of the population would (*Milliyet Daily* 1964b). And for those who supported the family planning law but opposed open access to contraceptives, the division between the two was a critical distinction to make for the most efficient planning of the Turkish population.

There were other representatives who opposed the law and population planning, but not particularly because of the classed hierarchies it supported. For center-right or conservative opponents of the law, Turkish population needed to grow and investment in intensive agriculture and other developmental tools was needed for the Turkish land and people to realize their potential to the fullest. Yet even from their point of view, the division between the “selfish” urban and “generous” Anatolian people was necessary. When confronted with the fact that almost all representatives in the Parliament had two to

⁴⁵ It is also telling that the American example which was considered good practice has since been critiqued for the gross human rights violations carried out against many women from racial minority groups (Roberts 1997).

three children while many of them opposed to birth control across the country, a speech by an opposing member put the assumed duality on the forefront as below:

“Some [representatives] talked about poor children, barefoot children. Here, I am advocating for those barefoot children, I want them. It is those barefoot children who rescued this country from enemy invasion [Applause, bravo sounds]. In the future it is those barefoot children who will save this country from the enemy invasion, who will rebuild this country, who will make it prosperous. Not our children. [Opposition from the floor, “Why not our children?” sounds]. No, including our children. I said it in a manner of speaking, I am sorry. It includes our children [as well], all of them are [included]...They are asking us about the practices we have in the city. We don’t raise [as many] children in city for our comfort, our luxury. And one-child families become more common in the city. [But] we cannot make the things we do for our own luxury, for our own comfort mandatory for national life. We cannot make it obligatory for rural life. Yes, having a child is a sacrifice. We don’t make this sacrifice as city dwellers. Rural folk want to make this sacrifice, we at least should not hinder them” (Republican Senate, 1965b)

At the time of this debate, there indeed were vast differences between urban and rural Turkey with regards to wealth, access to healthcare and education at the time of this debate. Turkish cities and villages were quite dissimilar, and life in the urban areas was unquestionably more prosperous and comfortable than in rural regions. Maternal and infant death numbers were catastrophic and women did use traditional methods to abort pregnancies which put them in grave health dangers and often killed them. An overwhelming portion of the Turkish citizens needed better access to healthcare, and particularly women to reproductive health services. In that sense, differences between life in urban and rural Turkey was not an imaginary creation of bureaucrats, politicians and elites. It was also the case that many policymakers who worked on family planning wanted to make health care more accessible to more women. However, the definition of

the “need” for birth control with regards to lower-class and rural families, imageries of “ignorant masses” which wanted to limit births (but needed intervention and education), and the irreverent categorizing of families with more children as those who needed to catch up only solidified the existing socioeconomic hierarchies more than eliminating them. The fear that those who “need” it will not adopt family planning while the educated elite who should procreate more (an argument which continues to hold sway in Turkey) was one reflection of such hierarchal dichotomies. And if law is an utilitarian instrument to legitimize social ideals of what is acceptable and of higher social value as well as an instrument to attain certain goals (Gusfield 1981), the 1965 Law aimed to do both. It not only solidified the Republican values of enlightenment and modernity, but also delineated once more who was in and out of these categories - thus, who was positioned higher and lower in social hierarchy.

Differential fertility across classes, however, was not the only concern for policymakers. In addition to the responsibility of attaining the developmental goals depended on educating lower class families on controlling births, blame for most urban social problems were also put on the shoulders of the poor. As the policymakers saw it, high fertility among the socially disadvantaged not only threatened development, but also created social problems (Roberts 1997, 81). “Vagrant youth” was such a concept which came to the forefront with the family planning debate to stay intact (with minor differences) throughout the 1990s in Turkey. During the initial debates over the family planning law Nusret Fisek himself defined “the primary way to combat vagrant youth [as] birth control. [It] appears from lack of affection and a weakening of family ties

Those who are left uneducated are those who have many members in their family” (*Milliyet Daily* 1964c). From this point of view, the state could educate people who needed help, and could solve the “problem” of abandoned youth (assumed to be coming from big, lower-class families) at the same time.

In this light, the “abandoned”, “uneducated”, “vagrant”, “unemployed” youth consisted a social problem that was also used to defend passing the law. As the economic developments had it, with the initiation of vast urban immigration starting in the 1950s and arrival of families previously engaged in agricultural position, many young people did indeed had a hard time finding jobs in the industrial sector. Simultaneously, starting in the mid-1950s the newly urbanized population working in informal, insecure jobs in the margins of the urban life had started expanding (Boratav 2003). In other words, when the family planning debate made its way to the Parliament and grabbed the attention of urban elites, it was the first time they were “sharing” their lifeworlds with these new occupants of urban life to this extent. The working and unemployed poor in that sense created a “social problem” in the eyes of urban elites which then could be solved if poorer families could be educated into controlling births. Relevance of the urban poor to the family planning projects only kept increasing as the 1970s saw even more urban immigration and agricultural departures, and as the 1980s rolled in with lackluster results to both the population control and developmental goals alike.

b. Gender and The “Need” for Family Planning

The family planning initiative not only categorized families along class lines but also approached fertility of women from different classes in distinct ways. At the same time, despite the class differences at the center of the policy, family planning overall was considered a “woman’ problem” where women held the primary (and only) responsibility for cutting back fertility rates. This was also partly because the prevalent modern contraceptive methods on the table for national and international actors at the time, the pill and the IUD were female contraceptive methods whereas the prevalence of condom and vasectomy entered the debate in Turkey during the 1980s. But it was also the case that the Turkish policy consciously targeted women from its inception while being careful not to touch upon male sexual-contraceptive practices. Women in that sense were the cause and the target of the new family planning initiative as the “responsible” partner for not being able to control births. The lack of information on the case of men, on the other hand, was largely acknowledged in a way that normalized their absence in the distribution of responsibility and blame with regards to fertility levels.

But while women were the target audience for birth control education and adoption, the policy also defined who these women were. The biggest concern for policymakers and commentators with regards to family planning were “uneducated, rural or lower-class” women who had “more children she could take care of.” And when the family planning initiative argued by its official slogan to enable families “to have as many children when they want them”, it meant helping families not have the children

they (obviously, as it was only “logical” given their socioeconomic circumstances) did not want.⁴⁶ In that sense, the primary target of the policy was women coming from lower socioeconomic strata, either in rural areas or new immigrant neighborhoods in urban centers. Maternal deaths due to botched attempts to miscarry were indeed higher among women coming from lower classes, but that was also mostly because middle and upper-class women in Turkey had access to relatively safer abortion services through private doctor offices (Gürsoy 1996). In that sense, lower-class women did need better access to better health care and birth control methods for those who wanted to limit births. But given abortion was already used as a birth control method and was one of the biggest causes of maternal mortality in Turkey, it was not only access to better contraceptives that lower class women needed, but also access to safe abortion. In other words, while the family planning initiative justified its existence through the “need” for birth control across the majority of women (who were lower-class) in Turkey, it was sufficient to reduce maternal death. The definition of the “need” family planning initiative was founded upon on was constrained by policy preferences rather than being a realistic and comprehensive answer to maternal death.

The family planning initiative in this sense both utilized and defined the “women” it targeted, and justified its existence through the “need” for it among lower-class and rural

⁴⁶ “To have as many children when they want them” loses a considerable portion of its menacing essence when translated to English. Although this seems to be the most accurate translation and I can not think of a better way to put it, “as many” has a more positive connotation in English as it does in Turkish. The saying is “istenilen zamanda istenilen sayıda çocuk”, which implies people starting from a point where they already or in general have too many children. “Desired number of children” is a little more neutral than “as many children”, but it still carries a more positive connotation than it does in Turkish. In short, the slogan of the first family planning initiative tried to argue that in a context where people had more children than they wanted, this policy would allow them to have less children as they want, and when they want them.

women in Turkey. However as the debate over birth control evolved, it also ended up defining the gendered limits of reproductive rights and autonomy in Turkey. For many policymakers there was the question of who should have the right to access contraceptives apart from the question of who needed birth control. While medical gatekeeping questioned which families should use birth control, it also questioned whether women as individuals should have the right to demand access to birth control. For some, the policy should have explicitly stated it only allows *families* to seek birth control rather than *individuals* - which potentially could have meant approving of single and young women to access contraceptives. Doctors would be gatekeeping access to birth control regardless, but it was open to debate whether women could potentially be “trusted” with birth control. At the end policy did indeed pass granting individuals rather than families access to birth control. This, however, was not enough to turn the debate in the favor of women with regards to defining reproductive rights and autonomy.

i) “I Beg You, Doctor”: Imageries of Rural Women and The “Need” for Family Planning

An important impact of the initial family planning discussion that will reflect on the coming decades has been that its approach towards rural citizens with regards to fertility, and depicting an imagery of “rural men/women” that took on a life on its own with regards to future reproductive health discussions. The rural/urban divide was not a new distinction at the time family planning emerged on the political agenda in Turkey, it had existed since the Republican revolution and Ataturk himself had often remarked on

the virtues of Anatolian people himself⁴⁷. Family planning debates, however, both solidified the dichotomy while adding another dimension of gendered political relevance to the rural-urban divide. Regardless of being seen as “ignorant” or “generous” by central elites, their social imagery left particularly rural (which later transformed into “ignorant” or “slum women” as vast majority of the Turkish society immigrated to cities) women voiceless as well as disempowered against political power and scientific knowledge. The discursive trajectory of family planning particularly mattered for the imagery of “rural woman” because although women carried the bulk of agricultural production in Turkey for decades, they were regardless defined as ignorant, desolate and incapable - a fate they couldn’t escape even when they immigrated to cities later in the 1970s and 1980s.

⁴⁷ Since the Republican revolution, there existed a dichotomy between middle and upper-middle class women who were educated in modernized schools to have professional careers, and mostly lower-class women who did not have such options. In fact, a continuous cadre of professional women in professions from academia to medicine have existed alongside with considerably low female labor participation rates during the past 80 years of the Republic. While glass ceilings and gender disadvantages might have existed as well, female engineers, doctors, lawyers, teachers and scientists has never been anomalies in Turkey. But this small but continuous group of female professionals existed alongside with many more women who did not work or worked in the informal sector. In that sense, the dichotomy between lower and upper class women was not a creation of the family planning discourse, but unquestionably sharpened the distinction made between the two’.

However, while the urban and upper-class women did have advantages over their lower-class peers, it should not be understood that urban or upper-class women were the “preferred” women or allies. The relationship between the upper-class, urban women and their Anatolian and lower-class sisters had been tenuous and disjointed, especially before the emergence of the Turkish feminist movement in late 1980s. Although the Republic wanted to create “modern” women who were educated professionals as well as good wives and mothers, it also crushed urban women’s advocacy autonomous from the Republic and actually helped dissolve the one women’s organization existing at the time arguing women’s suffrage in 1934 made an autonomous women’s organization unnecessary (Durakbasa 1998; Toska 1998). And while the educated urban woman was a Republican goal, urban women were at times under harsh scrutiny. Even for some male elites the Anatolian woman deserved more respect and assistance while the urban woman was often frivolous and self-centered (Toska 1998). The rural-urban women dichotomy made during the 1960s contraception debate points to a similar disdain for the urban woman, but the enlightened modern woman ideal became very pronounced once more with the staunch Republican discourse of the 1980 military coup.

In fact, modernity and scientific prowess had always been privileged in the Republic. Because of this urban elites were “Sir”s while rural men were “Aga”s⁴⁸, and “Uncle”s, and rural women were “Mother”s, instead of “Republican Women”. But there was esteem for an idealized image of rural citizens as well, albeit of a different kind. For one, rural women were the heroines of the Independence War. Atatürk himself had stated that “The peasant is the master of the nation.” Especially the significance of rural women as hardworking agricultural warriors was visible in political and historical tales about the Independence War waged in very dire conditions. On the other hand, this imagery of rural women did not translate to the urban life when rural families started to immigrate to big cities. As Turkey transitioned into a mostly urban, developmental country aiming to industrialize rather than a mostly rural country fighting for its unity and mere survival, the socioeconomic features of previous imageries become more important than others. Technical and social knowledge as the symbol of class differences within families divided the urban landscape between “aproblematic” and “problematic” urban citizens – be it with regards to economic activities, social practices, education or fertility levels. Having the “scientific capability” and wisdom to interpret what rural and “ignorant” women need, bureaucrats, professionals and politicians continued to make authoritative decisions as a response for the “plight” of the Turkish woman. While these decisions actually left many of the structural inequalities most women faced intact, it also created the foundation of gendered imageries which would become even stronger during the 1970s and 1980s.

⁴⁸ “Aga” can be translated almost like a rural landlord or baron who holds a significant portion of land and social capital in the rural community, employing agricultural workers.

In this light, different imageries of women (rural vs urban, educated vs “ignorant”, higher vs lower class) were not only central in justifying the new family planning initiative, but were also employed to single out who “needed” birth control the most. To that end, the primary imagery with regards to family planning in 1960s Turkey became the rural, desolate Anatolian mother who (unwillingly but helplessly due to “ignorance”) gives birth to more children than she can possibly care for. Both policymakers and the media brought forward the “plight of the Turkish mother” while explaining the desperate need for legalizing modern contraceptives, while at the same time disparaging her because of her “ignorance” and “helplessness”. Urban women on the other hand appeared and disappeared from the conversation - they were either capricious urban individuals who were not as selfless as the Anatolian mother, single corrupt women who wanted to access contraception to maintain their degenerate desires, or married and educated women who already used birth control. These categories of women thus became a shorthand for policy targets as well as an essential part of defining modern birth control in Turkey during 1960s. However, while some women are more “respectful” than others, neither “kind” of women was actually anticipated to change the power hierarchies with regards to male elites and medico-scientific authority.

The story below is a good example of the kind of “desolate Anatolian/lower-class mother” imagery which became one of the primary justifications for legalizing modern contraception in Turkey. It is an imagery which can be found in newspaper coverage over the need for family planning in Turkey as well as parliament debates. It is an excerpt from the 1962 winner of the annual short fiction competition which the newspaper

Milliyet had back in the 1960. It is in fact a short story submitted by a reader as the competition was not for professionals. The story is titled “Controlling Births”, and it is about a female patient coming to a hospital in great pain with grave bleeding. While it is an exaggerated account with a heavy-handed didactic tone, the power dynamics between the two sides demonstrate the discursive hierarchy that will be used throughout the 1960s with regards to family planning in Turkey.

The story starts with intern doctors puzzling over a female patient to try to figure out what caused the bleeding she is having. When a more experienced physicians sees the patient, he easily recognizes this is the result of the woman trying to have a miscarriage. We are told the older physician had seen countless women with botched abortions over the years. He tells the (all male) interns the kind of “primitive” tools women use to have a miscarriage. After some suppressed laughter by the interns after having heard the kinds of devices used by “ignorant women”, the older physician starts asking questions to the patient - described as “a woman who is 28, but looks 40-45”:

Doctor: Look, if you don’t tell me what you did [to yourself to start the bleeding], I won’t take responsibility if something happens to you.

Patient: I used soap pieces. What can I do, I have six children. They fired my husband from the factory. He has been unemployed the past month and a half. We hardly find some bread for the ones we have... And...

Doctor: Yes, and?

Patient: And I have to work. I managed somewhat until now but I can’t anymore. I can hardly bend down. When I go to clean houses it really hurts. (She points to her stomach, crying)

Doctor: Who gave you this idea?

Patient:

Doctor: My girl, why do you constantly have more children when you can’t even take care of the ones you have? Take some measures so that you don’t get pregnant. This way you only endanger your own life and murder your own child.

Patient: I'm ignorant. If the God gives us children, what can we do?

Doctor: That's not right.

Patient: I beg you Doctor, Sir. Please find a solution for this. Do I want to be in this position? Would a person want to bear this pain? (*Milliyet Daily* 1962)

The story ends with the patient recovering, the doctors involved in this patient's care deciding to dedicate themselves to disseminate the word on safe family planning, and giving the readers advice about the distinction between "controlling births" and "planning" them. While deciding to work on family planning, the doctors agree that "planning is a must for economic prosperity", and that abortion should never be an option for the physicians or the patients.

Although it is a work of fiction, I think this excerpt is very representative of the dynamics between rural or lower-class women and the urban, higher class male authority. It posits the "legitimate" power of the scientific (male) knowledge over female "ignorance", desolation and helplessness. This duality is also characteristic of most indirect accounts of desolate women looking for a solution to unwanted pregnancy in newspapers and during the Parliament debates throughout the 1960s to 1980s. Similar to the story above, almost all such accounts of reproductive challenges faced by rural and lower-class women are also indirectly reported, or put in a conversational exchange which both "informs" (according to the "truths" the speaker wishes to share), and "represents" these women who mostly were excluded from spaces where discussions over family planning took place. Representations of conversations between women and male (and sometimes female elites) not only provides "explanations" of why fertility is

high in Turkey (ignorance and helplessness) but also provides knowledge on the hierarchical positionalities of different individuals in relation to each other, allowing the audience to assess what is “right” and what is “wrong”. When imageries such as that of the rural, desolate Anatolian mother are represented in reported conversations with male elites, the discussion becomes a matter of taking sides with the voice of scientific reason while obscuring the structural power disparities between participants - the male doctor and the ignorant lower-class woman in this case. What’s more this power hierarchy is discursively and practically productive in that the power differences between the participants creates them as “what” we recognize them to be. Without the desolate Turkish mother, there is much less relevance of the male physician who “knows more” about the female physiology better than his oblivious female patient.

Such representations of the desolate and sickly Turkish mother is an important facet of the family planning policy in Turkey because it informed and defined the “need” for it in Turkey until 1990s. The imagery of the rural or lower-class, “ignorant” woman who helplessly gives birth to many unwanted children was not only a common theme in newspaper coverage in the years leading up to the policy proposal, but also during and after the policy debate. The imagery of rural women with 10, 12 or 30 children was at the center of the policy, and their ignorance, illiteracy, helplessness, poverty and poor health (the young woman who looks much older was also a common illustration) made birth control a “logical necessity” rather than a “right” that could be demanded by these women. And given the condition of the desolate Turkish mother “required” her to seek assistance, the knowledgeable urban elite were the ones to provide it to them. And while

male economists, physicians and politicians were the overwhelming majority of the discussants, female elites also participated in depicting the “plight of the Turkish mother”. In fact, the first news on the issue during the 1960s was actually written by the president of the Collegiate Women’s Association – and defined birth control a right for helpless Turkish women while still differentiating the women doing the philanthropic work from the women who need guidance (*Milliyet Daily* 1967). As the newspaper article underlined, it was urban elites who could make ignorant rural women aware of birth control, and they were going to educate them as a philanthropic effort. Although philanthropic work on family planning came in vogue more during the 1980s, the discursive separation between “kinds” of women had existed since the founding of the Republic. This hierarchical differentiation with regards to social positioning *and* birth control also gave urban women a place in the order of the society, a position that was not as high as elite males, but not as low as rural men and women either.

This also meant defining the “urban woman” as a juxtaposition of the rural Anatolian women, another gendered imagery that was even less of an agent by her own right except when she was compared to her rural counterpart on the account of her educational and “enlightened” background. The two excerpts below are representative with regards to such differentiations made between urban and rural women. The first excerpt is from a female representative during the 1965 contraceptive law debates whereas the second is by a male physician during a seminar on family planning:

“Mr.Chairman, esteemed senators, while the population planning draft is being examined, I hear voices of pleading women all coming together. As one of your

friends who worked in villages two days every week while I was working in Ankara Community Center, I hear the voices of those women who gathered around me thinking I was a physician and pleading to me, saying “I have 6 children, I beg you, I cannot take care of a 7th child, please teach me something”. Dear friends, I do not understand this law as my friends who oppose it. This is not a policy which will interfere in familial privacy. Actually, the cities implement population planning already. Women in cities do it by protecting their health. The piteous rural women, on the other hand, either die or get disabled by using primitive tools and folk remedies. Esteemed senators, regardless of you passing this law, population planning is being implemented in this country.” (Cumhuriyet Senatosu [Republican Senate], 1965a)

I think what is very significant is that elite women who participated in the contraceptive discussions without exception advocated legalization of modern contraceptives – and primarily for reasons pertaining to women rather than any secondary macroeconomic reasons that they might have also advocated. Although they held stark socioeconomic distinctions between themselves and “other” women, there is still considerable empathy with regards to description of these women. Probably because they were also below male elites in the hierarchy, there is less derogation and insuniation of just how further down they are from the male authorities. The excerpt below is a little different. It is voiced by a male physician during a public seminar, and approaches rural women in a more removed, more “scientific” manner:

“Especially in cities marriages occur in very young age cohorts. The woman then has 6-7 consecutive children in 10 years. Those poor [women] who are also made to work at home, at the field, at the farm then start resembling a squeezed lemon before they turn 30... At this point, birth control or abortion which we consider illegal or immoral becomes an illogical and unsurmountable hurdle for the public” (*Milliyet Daily* 1964b).

At the very least, one cannot ever find a woman describing another one as a “squeezed lemon” throughout Turkish reproductive debates. The differentiations elite women made were those of class and socioeconomic status whereas the differentiations for male elites were intersectional in that they were both classed and gendered. Regardless of their self-differentiation from rural women, it is hard to find a constant concern with the aesthetic toll of high fertility on rural women in the statements made by female commentators. Yet both male and female elites came together in certain things when defining the Anatolian woman, especially her assumed ignorance, her helplessness despite her goodwill. They also came together in the “responsibility” to report (but not necessarily represent, since the assumed distances between was too far from the elites’ point of view) the grievances of their rural counterparts while “guiding” them in becoming modern, enlightened citizens. And the preference of reporting over the right to be represent one’s self allowed the 1960s debate to be carried out through a multitude of reported speeches rather than direct participation by women. In fact, urban and higher-class women were also “represented” and indirectly accounted for by male elites to the most extent. Indirect representation in that sense made generalizing the particular identities of sickly/helpless/ignorant mother, as well as the urban woman easier. And although the “courage” of Anatolian woman as a fighter for national independence, and as arduous agricultural worker had existed since the 1920s in Turkey, her depiction within the family planning debates added another and not as flattering definition of being an rural woman in Turkey⁴⁹. The central thing which brought elite men and women

⁴⁹ All this is not to argue poverty, desolation or serious healthcare problems did not exist in rural Turkey at

together with regards to their approach to their rural counterparts was the hierarchy that emanated from educational, financial, social differences. In other words, while urban elites did want to improve maternal health, the flipside of the family planning effort was a naturalized power differential that was legitimized by knowledge and pity rather than structural socioeconomic inequalities.

However, at the same time when the distinction between urban women and “others” were getting more pronounced, urban women were facing grave gendered inequalities within urban life and urban families as well. In other words, although all Turkish women lived under strong patriarchal norms regardless of geographical location and class, the distinctions made between urban women and rural women made it impossible for urban women to see each other as allies - rather than saviors and victims. This also made it possible to put the blame on the ignorance of women as the family planning programs did not bear the intended results during the 1980s. At the end of the day, the new family planning law brought science and modernity to the doorstep of those who “needed” help, and those who did not adopt these modern contraceptive technologies had justified their subordination to those who knew better.

On the other hand, despite discussing women’s ignorance non-stop, male responsibility with regards to family planning rarely if ever came up within such debates.

the time. Although there were no official reports or studies, maternal death cases were estimated to be very high in rural regions in Turkey until the 1980s. However, the particular definition of an ignorant, helpless Anatolian mother with more children than she can care for was not an obvious or inevitable choice. Women living in rural areas at the same time were the primary agricultural workers as well as caring for a multitude of children throughout their lives in less than preferable conditions - in that sense, they were the primary producers and agents in rural life. One possible alternative could have been to get women involved in their fertility preferences by engaging them as equals rather than establishing them as “exhibits” who were assumed to be oblivious to the experiences (i.e. childbearing, caring, producing, etc.) they had throughout their lives.

Especially within a social framework where contraceptive practices depend primarily on the male partner, this was both a great shortcoming of the policy as well as an indication that it tried to decrease fertility in the most incongruous way (by the pill and IUDs) to Turkish contraceptive practices. The role of men both urban and rural in fertility was left out of the conversation until the 1990s when male reproductive “ability” was questioned rather superficially with sperm donation and artificial insemination. In fact, when a handful of representatives during the 1965 debates argued male parliamentarians opposing the law knew how to limit births themselves since they only had 2 or 3 children, this was found preposterous and irrelevant. This also meant defining the “fertility problem” not through existing or preventative practices, but instead on people who did not know or did not want to be enlightened. Confining the debate to “ignorant women/men” rather than the actual contraceptive practices in Turkey as well as the structural inequalities with regards to gender and class brought solutions aiming “fix” individuals rather than change practices. Policymakers saw people and their ignorance as the problem which could be eradicated with education and better access to birth control tools. In the rationale of the first family planning program, if the Turkish woman could be educated into learning birth control the problem could have been solved. The source of the problem was the Turkish woman, which completely overlooked reproductive decision making dynamics in Turkey and reduced birth control to a “mechanical and logistical problem” (Behar 1995, 42) that could be solved by educating people. However, such an approach that focused on grouping and targeting people rather than practices did factor in the inefficiency of the first Turkish family planning project.

ii) The Individual vs The Family: Limits of Reproductive Autonomy for Family Planning

While women were at the center of the family planning project, they never became the central agents of this initiative⁵⁰. Instead, women were instrumental to the policy in terms of defining who was “responsible” for limiting births and why family planning was necessary. At the same time, giving women the responsibility to limit births meant providing individual access to contraceptives by them, an issue some of the policy supporters were okay with while some accepted this out of necessity. In that sense, it was also argued during such discussions that the freedom to access contraceptives by single women was an “unfortunate necessity” in Turkey. In that sense, this provided freedom of access was never devoid of gendered norms and expectations from women. For one, the provision of legal contraceptives as a matter of public health and developmental necessity prevailed over access to contraceptives ever becoming a matter of bodily or reproductive rights for women. Second, even if women were to have unrestricted access to contraceptives, they still would face a higher authority whom they could never surpass with regards to ownership of their reproductive experience. Regardless of the outcome of debates over access, in the eyes of the parliamentarians medical experts as “legitimate scientific” would have the last say with regards accessing and using contraceptives. In other words, while women were the primary figures through which the reason d’être of the policy was defined and justified, they were never supposed to be its leaders.

⁵⁰ This will also change after the 1990s with the emergence of a Turkish feminist movement and much wider and louder voicing of reproductive and bodily rights by women. But at the time, it is hard to argue the existence of an autonomous feminist Turkish movement, or an organized women’s movement which was not subsumed under leftist organizations.

In that sense, family planning in Turkey when it was initiated in the 1960s was not a matter of rights in the eyes of its supporters. On the contrary, it considered women primarily in terms of their childbearing abilities and didn't aim at method diversification and contraceptive choices for women (Behar 1995). Although it emerged from concerns over the high maternal and child mortality rates in Turkey, the focus soon turned into a more mechanical approach to curbing fertility rates. Especially since most collaborators of the policy saw it as a developmental (and civilizational) necessity, this was an easy change of agenda. Thus, it was not surprising either that all methods except the pill and IUDs were overlooked as alternatives and that women given IUDs were followed up with insufficiently at best in relation to the side effects (Behar 1995). Of course, the shortcomings of the policy were in part because it had never received enough financing to do what it had planned to do beforehand. And while a handful representatives and health experts such as Nusret Aras did indeed intervene to add women's health concerns to the debate, the biggest political controversy around the law still was the fact that it might eventually slow down population growth in Turkey. Women's health only entered the discussion from the side door as (male) parliamentarians pondered over the possible long-term side effects of modern contraceptive methods - in order to stop the passage of the law for political reasons as much as out of their concern for women's health⁵¹.

The debates during the passing of the 1965 Law also sheds some light into the gendered foundations of the policy. The debate over who would have direct access to

⁵¹ In a sense, representatives who debated the first family planning law in 1965 could be argued to be the precursors to the protective yet patriarchal, concerned yet authoritative men who made contraceptive decisions as "protectors of women" (Ortayli et al. 2005) interviewed for their contraception study in Turkey four decades later.

contraceptives was a particularly heated one at the parliament. In fact, even some of the representatives who did support the law did not particularly want to “grant” women individual access to contraceptives. Thus, while the law was going to legalize the provision of contraceptive tools such as the pill and the IUD, who precisely could obtain contraceptives, whether it would be individuals or families was strongly contested. Many representatives including those who supported the law wanted the law to underline that it does not provide the right for any *individual* to obtain contraceptives on demand, and that physicians should only prescribe contraceptives to couples that could prove their legal union. And especially since the pill and the IUD are considered as female contraceptive methods, the individuals who created the controversy were undoubtedly individual women rather than individual men. Having the right to freely access contraceptives, be it single or married women without their husbands’ permission, made many male representatives anxious⁵². The first clause of the policy proposal addressed who could obtain contraceptives, and it was one of the most strongly contested clause of the entire document. For example, one representative opposed the first clause by the statement below:

⁵² I think this anxiety and the “threat” birth control access for women had both social and biological foundations. The social, and obvious, reason is that individual access to birth control had the potential of providing women more autonomy within a framework where the familial patriarchy ruled supreme. The second reason, I think, is related to what (Delaney 1991) calls “the seed and the soil” definition of reproduction in Turkey. In her study of gendered meanings of childrearing in rural Turkey Delaney (1991) argues procreation is given meaning through the male “seed” rather than the female “soil”. The differentiating and defining factor is the male in that soil can theoretically grow anything and does not participate in giving the bloom its character. In this view, Delaney (1991, 26-27) argues “it is the male who is imagined as the creative, engendering person... It is men who give life, women merely give birth. Giving life and giving birth are not synonymous.” Within such male-dominant view of procreation I think birth control becomes an especially critical “threat” to the biological male lineage which gives families and individual identities its foundation as well as patriarchal family legitimacy and supremacy. Delaney’s (1991) seed and soil explanation will emerge once more while discussing adoption practices in Turkey in Chapter 4.

“The name of the law should be changed from “population planning” to “family planning”. The drugs and methods this law envisages should be only and only available to families who want to have as many children when they want it, it should not be inferred from this law that state help will be available to those who just want to satisfy their bodily and carnal desires without the threat of getting pregnant. We want to make sure that we are not bringing forward a law that promotes illegitimate out-of-wedlock unions.” (*National Assembly Account of Proceedings, 62th Session, 1964*)

Proposals to amend the name of the law from “population planning” to “family planning” pointed to the “familial” limitations that the law should have guarded against its possible exploitation by single women. The concern over the dangers of providing individual women (who potentially could “satisfy their carnal desires without the threat of getting pregnant”) access to contraceptives over families was not shared among all politicians, but it was a very strong opposition to the law regardless. So, in a sense reproductive freedom did appear in the Turkish debate, albeit indirectly. Opposition to legal contraceptives on “moral” and gendered grounds argued contraceptive methods would “ignite desire in young women to have sexual relationships before its time.” The statement below is a representative one in this sense:

“As the proposed policy stands it states “education and dissemination of information on the exigency of population planning” [which] we oppose as this can be understood to be similar to educating [people against] tuberculosis. What good can there be from unmarried young girls learning about pregnancy prevention methods and drugs? On the contrary, this kind of publicity would convince them that it is possible to have sexual relations without the fear of getting pregnant, and give them courage and provoke them to have [such relations]. We believe the contraceptive drugs and methods should only be distributed to family members who need them as well as to those who should not have children or get pregnant for health reasons.” (*National Assembly Account of Proceedings, 62th Session, 1964*)

It is quite clear from this statement that confining access to families is almost a preemptive strike to individual women accessing contraceptives in particular. The threat of single women (either young or older, and unmarried) as contraceptive users held the threat of increasing “illegitimate” out-of-wedlock sexual intercourse – which also indicates that opponents of the law actually saw women as sexual beings. In other words, the question of what would happen once single women could access contraceptives not only demonstrated the moral essence of this debate, but also the fact that single and/or young women were implicitly believed to be thoroughly sexual beings. This is quite surprising in that rather than defining them as asexual and pure beings which would devoid them of all sexual identity, it appears conservative representatives believed the threat of pregnancy was *the* one thing that kept young women from engaging in sexual acts. Assuming young women to be sexual beings which are kept in check with the threat of pregnancy, dissemination of information on contraceptives was believed to have the real potential of working. Sexual agency was also extended to older but unmarried women. It became evident during the debates that unmarried women who engage in sexual acts should not be able to conceal their transgression of societal norms by being able to prevent pregnancies. From this point of view, if single women were transgressing sexual norms, they should not have the option to deflect its consequences. In other words, social stigma of being a single woman with a child was for some representatives as a normal punishment rather than preventing unwanted pregnancies.

Yet, there has been representatives who did counter the prevailing gendered arguments on freedom and female sexuality related to the distinction between “individual” and “family”. As one representative argued:

“If we change the name of this law, what will follow is not [contraceptive] provision to the individual as the article states, [but its provision] to the family, therefore getting permission from the husband to use this drug. However, the intention [of this law] is not the family, it is the individual. And it can never be asked from a woman to be obliged to have her husband’s permission to use this drug. If this would be the case, [she] will have to bring identification and written permission from the husband, which would make implementation impossible. On the other hand, it should be possible in the society to prevent an unmarried woman to have a child at times. If not, the society puts a stigma on her and leaves her unprotected. This is why we should give her the right not to have a child if we are going to leave her vulnerable and stigmatized. And it is never right to ask for [having] a family to be able to use [contraception] (Cumhuriyet Senatosu [Republican Senate] 1965a).

While this was one of the few instances where a representative defended legalizing contraceptives by their possible use by single women, it was an argument which did exist during the debates. Furthermore, some policymakers did advocate for free access to contraceptives for women which contrasted numerous more conservative arguments. Another representative counteracted the familial provision as below:

“There are many more important matters between a husband and wife than using contraception. And in any of these matters did the Civil Code decides rigidly in favor of the husband and against the wife... We hope all women in Turkey get married in time and be happy. But in reality, not all of them can get married timely. It is the reality that there are those who live male-female relationships by being ruled by their desires” (Cumhuriyet Senatosu [Republican Senate], 1965a)

It appears from the discussion over contraception that while a minority believed women should have the right to access contraceptives freely (be it from

“realistic” assessments of stigma over women or otherwise), there was a debate over reproductive freedom. And although the law passed to legalize importation and provision of contraceptives in 1965, the moral standing of the law was ambivalent about what it meant for women’s reproductive rights and freedom. The fact that most advocates of the liberal contraceptive policy saw it as a technical matter that was primarily needed to target fertility rates, developmental goals, and to a relatively lesser degree maternal health, the moral code the law upheld was not revolutionary in any sense. And although contraceptives did become legal in Turkey, and although they could be obtained by women themselves, the law as well as the debate surrounding it confined its legitimate use to lowering fertility rather than giving a right to reproductive choice – especially for single women. Furthermore, disallowing women from accessing contraceptives individually would have contradicted the rationale of the whole family planning program that had put the responsibility for controlling births on women’s shoulders. In other words, not allowing women to access contraceptives by themselves would have made the law itself impractical. In that sense, advocates of individual access were not necessarily supporting reproductive liberties for women. The law aimed to legalize contraceptives the state could provide women free of charge to lower fertility, rather than following any other political or ideological agenda.

Even if the family planning debate had transformed into one of women’s autonomy over their reproductive capacities, marital hierarchy would not be the only obstacle women would have to surpass. This is because even though the gendered asymmetries between male and female partners were decisive with regards to sexual

practices, reproduction also allowed scientific and medical authority to intervene in the matter. In other words, another aspect of the debate surrounding contraceptive access which put a dent into the possibility of it being considered a question of freedoms was the role scientific/medical authority played in reproductive health framework. And even when it was acceptable to grant women individual access to contraceptives, the role played by medical authorities was still indispensable for all supporters of the law (some of whom were physicians themselves.) And while it wasn't shared by everybody across the board, the general opinion was to allow individual (women) access to contraceptives among enough politicians to pass the law. Yet, it was a unanimous opinion throughout the debates that the primacy of the medico scientific framework and the authority of the medical experts needed to be upheld. In simpler terms, all representatives believed physicians were the authorities that should govern contraceptive provision and help guide the state decide on what to do. Even on the opposing sides of the law, all representatives contradicted each other with commentary and "scientific information" on the nature and side-effects of drugs and IUDs. And although many were skeptical of the relatively harmless nature of modern birth control methods, they put this forward by using contradictory medical "evidence" voiced by medical professionals. In a sense, along with economists, doctors were the two most authoritative information on why and how Turkey should adopt birth control which gave physician representatives and commentators great sway during the debate. It also helped that doctors, as the practitioners of the utmost modern and scientific profession in the enlightened Republic garnered great respect both in urban and rural areas as the utmost educated elites in the Republic. Thus, from

newspaper articles on physicians experiences in maternal death cases due to botched abortions and high fertility to representatives defending the law using their own similar experiences, doctors framed the contraceptive discourse almost as much as economists. This period was also the time of increasing institutionalization of the medical profession. Unsurprisingly, creation of the Turkish Obstetrics and Gynecology Association dates back to 1959 and to the leadership of Prof.Nusret Aras, who also ignited the family planning policy process at around the same time. In a sense, emergence of family planning in Turkey went hand in hand with increasing institutionalization of the medical profession⁵³.

But the influence of the medical profession did not only effect the debate and who participated in it. As a consequence, the new law also established physicians as the primary gatekeepers and authorities with regards to contraceptive practices. And although the advice of medical professionals with regards to curbing fertility was eventually disregarded by many families and the demand for modern birth control stayed much less than desired, the new law reinforced the social hierarchies between the educated elite and others regardless. Especially the fact that the 1960s population planning initiatives across most of the developing world promoted an intravaginal method, the IUD, meant women

⁵³ By this I do not mean to argue increasing institutionalization of the medical profession necessarily impacted politics or even the fate of the family planning initiative decisively. Even though medical doctors have been one of the handful professions (along with engineering and law) which have enabled numerous individuals to enter politics in Turkey, they have never been as powerful as some other professional interest groups in Turkey. And even though push from the medical community existed to legalize abortion starting in the 1970s, the military government was the decisive authority on the matter. When considering Turkish politics, the term “interest groups” is also somewhat different than the institutionalized and systematic nature it has within the U.S. domestic political system, and this also factors into the more haphazard influence of groups on politics in Turkey - except for those of business and finance which have been quite powerful at least since the emergence of national conglomerates.

needed to have access to physicians who provided these services - an economic privilege many of the women who were targeted under national family planning programs did not have (Gordon 1995). And although the Turkish program aimed to bring family planning services to target populations, the budgetary and structural inadequacies the initiative faced (not to mention the sporadic political will to actually promote family planning) inevitably made this an almost impossible task. For that reason, promotion and adoption of particularly intravaginal contraceptive methods which required a physician's assistance for curbing fertility rates in Turkey ended up reproducing the class privileges already existing in the society through the family planning discourse. This might also be why when families took up birth control, they first preferred to use withdrawal, a method which was considered to be scientifically inferior, and ultimately obstructing potential intervention to contraceptive practices by any medical authority (unless it caused an unwanted pregnancy which required an abortion.) It is also interesting that families preferred to adopt withdrawal as the first method in transitioning to birth control regardless of the fact that it had been defined as an archaic and inefficient method by both international and domestic scientific authorities. In other words, in the face of "scientific advice", most Turkish families picked a contraceptive practice that had existed among some Turkish families since at least the 1920s (Behar 1995).

Nonetheless, the medical community was at the core of the debate over family planning, and influenced the discourse over reproduction and rights in important ways. Above all, the policy made the medical authorities (which would be picked by the state) to fill in the details of policy implementation. It also upheld the primacy of

medicoscientific knowledge and the authority of the medical community (mostly over women) which had been utilized by both parties across the spectrum. Even for the opponents of the law and individual access to contraceptives, the doctors were the nonnegotiable arbiters women and families would have to concede to with regards to rights and wrongs of controlling births as well as accessing contraception. While physicians did have the expertise on the issue and many did want to help lower the maternal death numbers, they nevertheless were the powerful party in relation to patients, especially women and rural families. The excerpt below represents quite well the language used by physicians during the debate in terms of the authoritativeness and responsibility many doctors professed in that sense. It is a statement made by a representative who was also a physician, speaking in favor of legalizing contraception in a tone much alike the general medical community involved in the issue at the time:

“But as I have stated, I personally experienced during my experience in hospitals, in my colleagues’ care and in my patients that Turkish women throughout the nation have gravely endangered themselves because they had unwanted pregnancies. I am very privy to the situation. This is why I believe it is necessary to save Turkish women from this trouble.... Thus, dear friends, my opinion is that The Ministry of Health and Social Welfare while implementing this law should not authorize health workers or midwives for the provision of contraceptive tools, but it would be best practice to only and only authorize the physician experts to provide contraceptives to patients who ask for them. If we go further than this and make [people] adopt stopping births even in villages or promote not giving birth then we would be sabotaging ourselves.

There is no doubt we cannot make citizens bear children they do not want. Thus, it would be fitting to give citizens this right. However, like I stated before, this should only and only be carried out through obstetrics experts and with their advice. This way we will make it scientifically possible to prevent birthing of mentally and physically disabled children due to unscientific, botched abortion attempts” (*National Assembly Account of Proceedings, 62th Session, 1964*).

As the authorities defined to be "privy" to maternal health and contraceptives, the medical community had a number of significant impacts on the family planning discourse in Turkey. For one, as those with "first hand experience" with patients, they not only had the scientific credibility but were also given the license to define the "reality" of birth control (or the lack thereof) in Turkey. In that sense, the professional accounts of medical authorities involved in the policy process did not only rounded up assent, but also provided the information on which opinions and beliefs over the need to adopt family planning formed. In this way, medicoscientific knowledge helped the creation of "truth" and "facts" (Gusfield 1981) which then after necessitated and justified the family planning policy as well as its target populations. In addition to medical professionals actively involved in politics as parliamentarians and advisers, the power to define the scientific reality in Turkey was probably the most important political action taken by (or taken in the name of, as other representatives often used medical discourse to support and debunk the law) the medical community. Definition of the "reality" however also meant generalizing and universalizing a multitude and complicated mix of experiences, or explaining the "problem" through its "appearances" (desolate, ignorant, exceedingly fertile Anatolian mothers) rather than its socioeconomic and structural foundations (existing childbearing and contraceptive practices and norms, prevalence of agricultural labor, high infant deaths, gendered power asymmetries between married partners, sex preferences over offspring, etc.) Within the conditions prepared by ignorance and poverty, the medical authorities were thus the inevitable authorities with both scientific

and social capital who helped define the "need" for family planning in Turkey, and fill in the image of the selfless but desolate Turkish mother. This not only prioritized scientific knowledge and authority over any other, but also bolstered the existing power dynamics between (mostly lower-class) women and (mostly male) medical community.

c. Abortion in 1965 Debate

Abortion became a topic of discussion in Turkey long before its legalization of 1983. The newspapers covered abortion news often even before the 1965 Law debate. Especially during the 1950s these were almost always short, scandalous news about illegal abortion attempts by otherwise registered physicians. While the “abortion victims” were mostly young and single women, they were exposed without any concern about their privacy in that their names and the illicit relationship that preceded the abortion were almost always provided in the text. “Abortion tragedy” as these kinds of news were mostly called were followed week by week as physicians were on trial, and the number of illegal abortions carried out by registered physicians was a controversial question that were from time to time estimated. Married women only rarely made up the patients of these legal interventions and the “ruin” of the young woman added to the scandalous nature of the news on abortion. Abortion as a tool to cover up for sexual transgressions was a part of the definition of abortion as can be inferred from these texts, something that was always reprimanded in these news but obviously kept being demanded nevertheless.

In addition to the single young woman who seeks abortion, the other female character in media coverage abortion during this period was the urban woman who did

not want to bear children for aesthetic reasons. It is possible to see condescending newspaper commentary during the 1950s on wealthy urban women who do not want to bear children in order not to lose their physique, a point that was also made in the Parliament during 1948 debate that is a precedent of the debate later in the 1960s:

“Consider one of the primary social matters, population-children issue: The Anatolian rural woman is again the first to appear before our eyes. This [woman], the world’s most fertile mother, cannot see the rewards of her sacrifices and a mother who gives birth to at least 6 children, she can only bring up 3 of them. Extremely high numbers of infant death is a grim reality in our villages, and in the entire country. There is negligence of rural health. Lack of midwives, lack of care and destitute causes infant mortality as much as it causes maternal mortality.

Those [women] not included in this group, a big group of prosperous urban women fear and prevent birth by following an ideal of sickly-thin beauty and to protect their aesthetic appearances, and they even seek illegal and illegitimate ways to forgo their physiological duty. Although we are aware of the continuously increasing numbers of criminal abortion and we read news about it almost everyday in the newspaper, I cannot estimate how many of them get prosecuted and how many of them get acquitted although it appears the number of cases are very high. But I can tell you this: These generation gangsters who debase the honor of practicing medicine while doing abortions as peacefully as it is a circumcision are not embarrassed to continue to do so, and they do it in from places that resemble shops to most luxurious hospitals without even the need to keep their prices a secret.

Why is it that nobody acts against these murders, why are they concealed by coalitions and why don’t medical associations do not act on them?” (*Turkish Grand National Assembly Account of Proceedings, 27th Session, 1947*)

This statement from 1947 is a precedent to the debates of 1965 with regards to the gendered imageries it uses like the duality between the rural, generous but desolate Turkish mother and the urban woman who has feminine whims (not illegitimate sexual acts here but the aesthetic vanity), and the legitimate concern over high maternal and infant mortality deaths. Like its successors, it has patriarchal "concerns" with regards to each "kind" of woman, but not necessarily one of representing or giving actual voice. The

kind of generalizing from simplistic and belittling examples of women which prevails here will indeed persist through the abortion debates in 1980s. In addition, the excerpt is also indicative of the social meanings of abortion in a number of ways. First of all, the use of abortion from this standpoint, as was in the case in the majority newspaper coverage on abortion defines it as an urban phenomenon, and a phenomenon that is not only common, but discreetly acknowledged to exist by many. Indeed, abortion had been known to be used often in Turkey also as a birth control method even when it was illegal, and for many middle class urban families it was a relatively safe procedure offered by registered physicians (Gürsoy 1996). In fact, during the debate on the 1965 Law, the Minister of Health himself had declared the estimations to be around 500.000 every year, and proposed legal contraception as a solution to such high abortion rates. According to the same estimate, out of the 500.000 women who had abortions in a year in Turkey, 10.000 would die out of botched procedures or complications (*National Assembly Account of Proceedings, 62th Session, 1964*). In other words, abortion was a known and acknowledged fact in Turkish reproductive practices both by its opponents and supporters from early on. The number of prosecutions, however, were indeed low. Mostly because a lot of families commonly used abortion as a birth control method and because physicians had the opportunity to offer abortion services in the secrecy of their private offices and private hospitals, abortion was very well overlooked by both prosecutors and people alike. The fact that it was a birth control method (and sometimes a tool to conceal sexual transgressions by necessity in a society where purity and virginity were, and remain to be,

the highest social values for women) was also because abortion only made it to news as scandalous society gossip rather than a political issue.

In fact, politicization of abortion⁵⁴ happened hand in hand with the family planning initiative in the 1960s with the potential of abortion being legalized. Opinion pieces on how the new law affects the legal status of abortion in the mid-1960s was precisely when society news about young women and doctors on trial transitioned into statements about whether the new law is an “abortion law”. From the standpoint of the family planning advocates who prepared and supported the law, however, abortion was not considered to be included in the 1965 Law. For one, state sponsored family planning was so controversial as a political goal that it was not definite the law would pass. The law took over five years to be prepared, proposed and passed, and while the Ministry of Health argued it was a common effort by all the changing coalitions in those five years, the Minister himself in 1964 did not want to defend the law in the Senate. It was actually Nusret Aras (then the undersecretary in the Ministry and the primary creator of the project) who proposed the law in the Senate, and only after it passed to be sent to the National Assembly did the Minister took the drivers seat in policy debates. Turkey had spent the last 30 years promoting high fertility after the blow to the population done by the Independence War of 1921-1923, and the population was seen as a security measure in a threatening geopolitical region. This is why many representatives opposed the law in the first place, it was a complete reversal of a policy taken as a security measure. The issue was already contentious, and abortion would only add to the chances that the policy

⁵⁴ What I mean by this is not that abortion was an apolitical issue by nature or before the debates. Rather, it simply means abortion becoming a topic of public and political debate.

would fail. But, the law did make abortion legal in strictly defined emergency cases. According to the 3rd article of the law, cases in which mother's life would be endangered would allow physicians to do abortions. This was not contradictory for representatives or the people because a comparison between the mother and embryo was not, and still is not, made to decide who has a right over whom to survive. Very simply put, mother's life is considered to be primary in cases of emergency in Turkey. This is why, although whether abortion was murder was debated in Turkey during the 1960s, that the life of the mother was always put before the life of the embryo enabled the emergency abortion provision to pass without any contention.

Another reason why abortion within these limits were not as disturbing to many is because of the eugenic presumptions which underlaid the discussions over family planning and birth control. It was not only the newspapers which showed a complete disregard for the possibility of disabled children being born, but also the Parliamentarians during the debates. The "scare" of genetic disorders in children was unacceptable, and one of the most often posed questions about the Pill was whether it will cause "freaks" to be born. The fact that there was (and has been) very little acceptance of disability in Turkey also enabled the eugenic concerns over who should and should not be born during the 1965 debates and forward. The 1965 Law allowed addressing these "concerns" in that the law and the regulation on abortion exemptions which went into effect in 1967 state, diseases or mental disorders which could be transferred to the future generations as well as the potential of the child having mental retardation, and the mother having been exposed to X-rays or cortisone treatments could be used as a reason to have a legal

abortion. In other words, abortion exemptions in the law passed without any contention also because these exemptions addressed eugenic “threats” and allowed abortion to be used as an eugenic tool.

III. Conclusion

It was reported that by 1969, 150.000 women had had IUD implantations within the family planning initiative (*Milliyet Daily* 1969). At that time the program had not yet deemed a failure, but the initiative had also come at a time when birth control had slowly started increasing in Turkey, albeit for economic reasons more than political ones (Ozbay and Shorter 1970). And given the structural, budgetary and economic obstacles it faced, the initiative had a bumpy road ahead. Nevertheless the first family planning initiative not only officially reversed the post-natalist population policy supported by the Republic since the 1930s, but also opened the debate on contraception, gender and sexuality wider than ever before. At the same time, it made differential fertility a proxy of wealth and power differences (Connelly 2008). Different levels of fertility in this way became a symbol of "elites" and "ignorant families" which was then utilized to explain social problems emerging in urban economies and environments. The gendered and classed priors of the family planning initiative also coincided well with the Republican differentiations between "scientific authority" and "modernity/enlightenment" vs "ignorance", urban vs Anatolian, and urban vs rural women. And given it worked with such binaries so well, the initiative was never a move to bolster women's rights. Although a handful of representatives and commentators did define the issue as a matter of rights

for women, family planning initiative was defined with biopolitical considerations and not disturbing the patriarchal hierarchies too much to define it as such.

And although Turkish reproductive policies did reflect the existing gender, ethnic and class biases, reproductive policy at the same time contradicted the existing contraceptive practices. This affected the efficiency of the policy initiatives, especially at a point where the state did not necessarily devote serious funding to it. For example, while the legalization of modern contraceptives in 1965 was indispensable for amelioration for the ghastly maternal death numbers, without legal abortion and leaving male responsibility out of the debate it wasn't enough or a direct solution to what it wanted to address. The Turkish government legalized birth control pills hoping state sponsorship and national campaigns would make women "get educated", adopt these modern methods, and curb the fertility rate – which made it possible for women to be blamed for lack of success in the initiative in the coming decades.

Chapter IV

Legal Abortion and Family Planning in 1980s-1990s

I. Introduction

As with most of the world, Turkey started to question whether abortion should be legalized during the 1970s. Starting with a small group of practitioners and bureaucrats, the push to legalize abortion in Turkey gave fruition in 1983 under an oppressive military regime. While it can be considered a legal triumph for reproductive autonomy, the discursive trajectory of legal abortion in Turkey proved to be much more fragmented and contradictory. Primarily concerned with pushing fertility rates further down, the military government argued abortion would only be legalized under “state control” – which not only divorced it from any rights claims on the account of women but also promoted medicalization of abortion which eventually placed it out of the political debate. Medicalization of abortion as a birth control method also separated it from the sexual practice – which allowed it to fit in with the existing patriarchal power dynamics of heterosexual relationships and sexual norms.⁵⁵ Given abortion had already been used as a birth control method despite being illegal, legalizing abortion was not necessarily disruptive to the existing sexual and contraceptive practices in Turkey, and it was never intended to be so by the military government. This meant, however, more visibility and scrutiny for mostly lower-class women who gained access to newly legalized abortion

⁵⁵ I take this argument from Paxson's (2004) study on abortion in Greece where medicalization of the procedure also made it less disruptive and less controversial.

services which were also placed in the middle of the new family planning project that bolstered existing class biases in Turkey.

a. Domestic Background: Socioeconomic Framework Surrounding the “Abortion Law”

The two decades between the 1980 and 2000 were times of intermittent democracy, fragile economic development, and bitter political rivalry in Turkey. After the seismic coup of 1960, the military intervened in politics once again without taking control of the government in 1971, and took control decisively in a third coup in 1980. The 1980 coup completely rewrote the constitution which meant scrapping the relatively liberal 1960 Constitution. Many rights previously provided by the 1960 Constitution no longer existed in the new draft, which led to freedoms such as that of speech and organization being significantly curtailed from then on. The 1980 coup and military takeover also meant a de facto end of the leftist politics in Turkey as many leftists (not only politicians but journalists, academics and other public figures as well) were jailed before and after the coup. Consequently, despite center-right politics having been a staple of Turkish politics even before the 1980s, it decidedly became its defining characteristic starting in the 1980s. The coup also brought forward a vast economic change in that it allowed the implementation of the 1980 liberalization initiative that has been called "January 24th Decree". As the economy collapsed and inflation hit the roof at the end of the 1970s⁵⁶, the January 24th Decree opened the Turkish economy to foreign markets,

⁵⁶ Starting with the initiation of economic planning in 1960, Turkey had taken on import substitution industrialization where national (both private and state-owned) businesses hoped to manufacture durable

devalued the Turkish lira, slashed the real wages, increased prices and changed the rotation of the economy from import substitution to exports in guidance with an IMF structural adjustment program. The oppressive military regime at the same time helped the liberalization initiative take off with almost no possibility of political opposition from elites or laborers. With the implementation of the structural adjustment Turkish economy grew around 4% between 1980-1988, but did so by diminishing real wages as well as subsidies to agriculture (still the biggest economic sector in Turkey at the time), increasing exports while increasing foreign debt and imports. In other words, the period between 1960 and 1980 as well as the reassembling of the economy after the 1980 meant critical changes in the distribution of income, skewing of the accumulation of more wealth in fewer hands⁵⁷, and fragility becoming a chronic trait for the Turkish economy.

The 1990s were a continuation of the 1980s trends such as deregulation, privatization, liberalization and increasing debts, only on a bigger scale. This was also a decade of turbulent political atmosphere where the military conflict in Eastern parts of Anatolia cost both the ethnic Kurdish movement and Turkish people great many lives.

consumer goods which would decrease dependency on foreign imports. This allowed Turkey to grow up to 8% per year at times in the years between 1964 and 1977, but after 1970 this growth was exceedingly financed by growing foreign dependency on intermediate goods and gas (which was also subsidized by an artificially low foreign exchange rate set to aid business), and remittances from Turkish laborers abroad (Boratav 2003, Oran 2001). As a result, many businesses which would become the conglomerates of the 1990s took off during these twenty years where they could import the intermediate goods they needed to manufacture goods which they then sold nationally with very little to no competition for higher profits. In other words, although the goal was development through import substitution, Turkey through the 1970s became more dependent on imports as well as foreign debt which it could no longer support starting in 1978 (Boratav 2003).

⁵⁷ The wealth accumulated during the import substitution period was not solely absorbed by industrial businesses in Turkey. As there had been vast intermediate goods import, Boratav (2003) argues profits were also shared by Turkish trade businesses. Promotion of exports after the 1980 will also increase the share of trade businesses while manufacturing and industry will start get lower and lower shares of investment.

The election of an Islamist party (Welfare Party) in 1995 national elections in addition to being elected to local offices as another important development at this time, especially with regards to its significance as a precursor to the critical political changes to come in Turkey in the next decade⁵⁸. All in all, many Turkish citizens felt stifled by the increasingly worrying economic conditions, human losses of the military conflict, and the political convulsions that either meant the end of secularism, or the loss of hope for stabilization in post-1980 Turkey. Coupled with government changes taking place every two years (or less) in such fragile economic conditions, Turkey saw three economic crises throughout the 1990s as well as a “semi-coup” in 1997 during which the Welfare Party government was forced to resign by the military. While the domestic and foreign debt soared (in fact foreign debt had increased 2.3 times during the 1990s), and inflation started to be called “the monster”, the plans to increase exports also faltered. In light of these developments, Turkey entered the new millennium with a new standby agreement with IMF in 2000 to pay off its considerable amount of debt and a new economic crisis in 2001 after a decade with the lowest economic growth figures seen since World War II.

⁵⁸ As in other countries, the rise of center-right and conservative/Islamist politics in Turkey are somewhat separate but intertwining processes. Unsurprisingly, many nationalist groups had stronger religious identification than their Turkish leftist counterparts while Turkish conservative groups had always been closer to nationalism than the left. Involvement of the Turkish military in politics also brought the two groups together in that the military tacitly supported both sections in its campaign to eradicate leftist groups during the 1970s and after the coup. The increasing support for nationalist and Islamist/conservative groups in Turkey to eradicate leftist groups by both the military and the state had in that sense succeeded in strengthening both groups (Oran 2002). However, this strategy backfired for its initial supporters in that conservative groups had become powerful political actors, and emerging economic actors with increasing economic support provided to Anatolian businesses. And for the military which saw itself as the guardian of the secular and territorial integrity of the Republic, the political rise of the conservative groups in addition to the ethnic strife meant increase in critical responsibilities throughout the 1990s. For this reason the military continued its influence over politics in a tangible way throughout the decade.

b. Gendered Insecurities: Women in Turkey Through 1980s and 1990s

The 1980s and 1990s changed the economic situation of all Turkish citizens to a significant extent, but it was a particularly critical period of change and increasing insecurity for women in Turkey. This was both an economic and social development in that the economically liberal but socially oppressive political configuration of the Turkish state after the coup meant both economic and social impediments for gender equality. From the economic standpoint, rapid liberalization and opening of the economy to foreign markets along with repeated devaluations in the beginning of 1980s put many families in a more precarious condition in a more insecure environment, but decrease in wages was not the only bad news for women as dependents. In addition to that, vast groups of women had also become unemployed during immigration since the overwhelming majority of women in Turkey had been agricultural workers before mass urbanization. Making things worse was the lack of urban employment for both men and women. As cities expanded, jobs in the urban industrial and service sectors were insufficient to absorb even the former male agricultural workers - which meant women were left with even less jobs to lay claim on. Urbanization exceeded the increase in industrial employment capacity for both men *and* women, which meant either transferring to a more insecure service sector or urban unemployment for new residents of cities (Boratav 2003). As a result, female employment fell from 70% in 1955, to 30% in the 1990s simultaneously with increasing urbanization (Ilkkaracan 2012). Within these

conditions the prevalence of the male breadwinner norm did not help the situation either in that most employers preferred men over women employees⁵⁹.

In addition to the financial insecurities it contained, the new liberal economy of the 1980s was also founded upon one of the most repressive regimes in the Republican history (Boratav 2003). And although the pre-1980 period was not one of gender equality in Turkey by any stretch of the imagination, economic liberalization and urbanization actually meant new control mechanisms over women and female sexuality in addition to economic insecurity. As Parla (2001) argues, the police force at this time in Turkey emerged as “the guardian” of the new urban economy and life, and saw its power over female sexuality increase more visibly than ever before⁶⁰. In that sense, the “abortion

⁵⁹ By this I do not mean to argue urbanization necessarily had to mean higher female unemployment, or that agricultural employment had not been exploitative of women in Turkey. In fact, although women did indeed have higher labor participation rates as agricultural workers in Turkey, this wasn't unconditionally a better option for most women. On the one hand, agricultural employment for women had been almost always meant unpaid work for family, thus had been exploitative and arduous for female agricultural workers. But on the other hand, the employment in cities were scarce and the lack of any childcare meant once married or pregnant, many women working in the cities left work. The trade-off between agricultural work and urban unemployment was disadvantageous not only because there was not enough work even for men in the cities, but also because the kinds of informal service sector jobs were considered “inconducive” for women workers within the existing patriarchal norms. The shift from rural to urban economies also created a class of women which directly involved the new family planning policy. For one, urbanization in Turkey had taken place without entirely breaking ties with rural economy, and by keeping agricultural work as a viable seasonal alternatives. This allowed many families not to transition entirely to the urban economy as urban laborers which also kept families in between complete integration to cities and exclusion from urban economies (Boratav 2003). As a result, a “tertiary” group of women had appeared during the same time family planning appeared on the political agenda, women who were not rural agricultural workers or urban professionals, but women who are first or second generation immigrants either unemployed or employed in low wage and informal jobs after coming to the city (Ilkkaracan 2012). The second family planning initiative was explicitly targeted towards them, defining the recently urban lower-class women as the primary audience for birth control education and legal abortion services.

⁶⁰ One of the most clear examples of this process was the introduction of virginity tests in Turkey during the 1980s which then was used without actual legal basis on many young women through the 1980s and 1990s. These virginity tests in that sense were “emblematic of the incorporation of the preoccupation with women’s modesty, previously enforced primarily through kinship networks into the mechanisms of surveillance deployed by the modern state” (Parla 2001, 6) According to the Penal Code, virginity tests could only be requested by the prosecutor in cases of rape, prostitution, and extramarital intercourse. Despite not having the legal authorization to do so, however, the police, families and even school

law” and the second family planning initiative emerged in a context where women were not only oppressed more visibly by urban mechanisms as well as economic challenges. In this way, great many women encountered family planning for the first time as new and precarious habitants of cities where they were neither rural nor integrated urban residents.

II. Depoliticizing Abortion: The Second Family Planning Initiative and the “Abortion Law”

As with the first family planning initiative, abortion and family planning between the years 1970 and 2000 were seen to be tied to “bigger” political and economic goals than being debated as standalone issues. While the medical community stressed the health dimension of illegal but common abortions, for the military government supporting legal abortion it was a matter of economic prosperity as much as a public health issue. In other words, support, disinterest or opposition from different political groups with regards to family planning and fertility was guided in light of their standing on the “main” economic and political questions. A variety of contradicting opinions prevailed whether it would be good or bad to decrease fertility in Turkey, mostly guided by an economic standpoint.

In continuation with the previous period, economists, bureaucrats, the military, and other elites continued to call for further decreases in the fertility levels to attain socioeconomic development in Turkey through the 1970s and 1990s. However, in the

administrations requested virginity tests in a wide variety of highly discretionary cases throughout the 1980s and 1990s which led to a number of suicides among young women. Parla (2001) also points to the temporal junction between the emergence of the feminist movement in Turkey during the 1980s and the intensification of policing over women’s bodies.

eyes of these groups the conditions which made family planning a critical necessity in Turkey only intensified after the 1970s. Not only had urbanization accelerated, but urban employment had not increased to a degree which could provide people with economic stability. Furthermore, the ethnic strife in Eastern Turkey heated up to a full blown ethnic conflict in late 1980s and early 1990s. Particularly in the eyes of the military, the conflict made the proportion of ethnically Kurdish to ethnically Turkish citizens a pressing question. At the same time groups from left and right opposing the family planning policies emerged as vocal political actors. To top it off, the rise of philanthropic organizations involved in family planning added to the classed foundations of the fertility debate, and bolstered the distinctions made between classes with regards to differences in fertility to an even bigger extent.

Family planning in that sense was never completely separated from “bigger” economic and political concerns for all parties involved. At the same time, passing of the 1965 Law shelved the family planning debate for at least a while. During the early 1970s family planning was sporadically mentioned only in passing by policymakers debating economic issues - overwhelmingly during budgetary debates and debates over health spending. However, this lack of interest in the issue was not primarily because a law had already passed, but mostly because many governments coming to power during 1970s were not particularly supportive of the family planning policy. That whether Turkey needed a planned economy or free market economy was one of the most prevalent political debate of the 1970s also further embedded the family planning policy within economic considerations. As a bureaucracy-backed program, it was a leftist and “statist”

policy in the eyes of the center-right politicians, and it was the neither a pressing problem, nor the right solution to the economic woes in Turkey. With the rise of the center-right Justice Party (Adalet Partisi, AP), family planning was put aside although the party leader, Suleyman Demirel had provided support for ameliorating women's health during the 1960s. In light of a free market ideology, AP and Demirel voiced concern for women's health but did not find it necessary or politically sensible to cut fertility levels in Turkey. Granted, funding for the family planning initiative had always been inadequate for the kind of nationwide family planning project its leaders envisioned regardless of who held power in Turkey. But the strong political hold of the AP and other center-right and free-market governments in Turkey during the 1970s placed family planning even further down the list of things to budget for. The health system also needed infrastructure and adequate personnel to even operate properly, which meant patchy access not only to family planning services but also to overall healthcare services in a big portion of the country.

The only problem facing effective implementation of the family planning initiative was not that it lacked financing either. It was under scrutiny for both right and left-wing parties throughout the 1970s for different reasons. For the center-right parties such as People's Party (Millet Partisi, MP), family planning jeopardized not only economic growth but also jeopardized morality by shattering the family as the core of the Turkish society. For the left parties such as the Workers Party (Isci Partisi, IP) it enabled foreign interference in Turkish affairs since it depended on "imported political goals" and

imported medication (*National Assembly Account of Proceedings, 56th Session, 1969*).⁶¹ Furthermore, the emergence of National Salvation Party (Milli Selamet Partisi, MSP) in 1972 under the leadership of Necmettin Erbakan added one more opponent to the family planning initiative. An Islamist party which would in the future become the predecessor of Welfare Party (Refah Partisi, RP), and carry the current Turkish president Recep Tayyip Erdogan to his first political office, MSP since mid-1970s objected to family planning and curbing fertility rates in Turkey. And while the numerous differences between Erbakan and Erdogan's parties should not be overlooked, Erbakan's statements opposing family planning as "a foreign plot" as early as 1977 can be considered to be the predecessor of the sentiment which will be put into action in the 2000s by Erdogan and AK Party⁶² (*National Assembly Account of Proceedings, 57th Session, 1977*).

While numerous representatives brought the idea of legalizing abortion to the Parliament floor at different times, the official decision on the issue changed repeatedly throughout the 1970s with changing governments. The Minister of Health himself

⁶¹ Center-right and center-left parties came and left the political landscape relatively swiftly in Turkey between 1960s and late 1990s, or until some of the center-right and center factions consolidated under AK Party umbrella for the 2002 elections. As Sayari (2002) argues, polarization, fragmentation of party system and turnover in Turkish parties had been high since the 1960s, and with party closures by both military coups and the Constitutional Court, it wasn't unusual for a party to close and another to form from factions within the party or by the party leaders themselves. Thus, the names and members of parties mentioned might have changed, but the overall Turkish political landscape has changed little since the 1960s. During the same four-decade period partisanship was also low in Turkey, and people have traditionally voted in light of economic performance of governments rather than party ideology (Sayari 2002). Although far-left or far-right parties never made it to or held political power for long (for different reasons) in Turkey, it has mostly been a back and forth between center-right and center-left parties in governments with the center-right being relatively stronger. This was also a result of the complete quashing of left politics by military interventions in Turkish politics during the 1970s and the 1980 coup.

The period after center-right conservative AK Party is somewhat different since two-party domination has been more prevalent and party turnover in government since 2002 has been almost inexistent.

⁶² Granted, Erbakan and MSP were not the only opponents of the family planning initiative. Smaller leftist parties were as critical of it, although at times for different reasons. However, Erbakan-Erdogan continuum maintained the opposition to family planning longer than any other political group.

declared the Ministry had started technical preparations to consider legalizing abortion in 1972 (*Milliyet Daily* 1972a), but in 1976 the new Minister of Health (who had served during legalization of contraceptives in 1965) stated the Ministry does not support legalization (*Milliyet Daily* 1976). The first policy proposal to legalize abortion was later brought to the Parliament by a feminist Social Sciences scholar, a former State Planning Agency bureaucrat, and two other female Parliamentarians in 1979 (*Milliyet Daily* 1979). Consequently, although the Committee on Health of the Parliament accepted to legalize abortion services in private practice offices in February 1980, the decision faced opposition by right-wing parties (*Milliyet Daily* 1980). The coup in September 12th 1980, however, limited the vocal opposition to any matters the National Security Council as the governing agency in Turkey supported, including legal abortion and family planning. Actually, it was a lucky coincidence more than anything for supporters of legal abortion that the military council was very interested in decreasing fertility rates and slowing down population growth. Thus, although there had been push to legalize abortion by elites who had access to political offices before the coup of 1980, the coup dissolved all political opposition, and electoral concerns that could have blocked the passage of the new population policy law containing legal abortion until 10th week of gestation.

What is maybe more surprising is that the medical community was not always on the same page with regards to family planning, and particularly abortion, either. Although a number of physicians worked with changing governments throughout the 1970s as well as the military government after 1980 to legalize abortion, contradictory voices from the medical community did appear at times. One such example was obstetrics specialists who

publicly criticized the domestic execution of the family planning initiative. Arguing the side effects of the thousands of IUDs placed in women by mobile medical crews especially outside the urban areas were largely unknown, they pointed out that the testing of such devices were carried out on minority women around the world mostly without consent or information (*Milliyet Daily* 1971b). In light of what we know now about provision of IUDs around the world, this concern proved to be a valid one – however, it did not give way to a larger discussion in Turkey at the time. While the Turkish family planning initiative was too sparsely-financed, and never had enough political support to ever reach a point of coercion, follow-ups for the thousands of low-income women who actually ended up using IUDs was really inexistent.

Thus, the debate over family planning had been a contentious one since its emergence on the political agenda in the 1960s, and calls by medical and political elites to legalize abortion had actually started much earlier than its legalization in 1983. For this reason, although legal abortion was pushed by the military regime after the coup of 1980, (and has been termed an authoritarian “coup policy” at times), initiatives for legalizing abortion prevailed since 1971. In fact, more than a decade before its legalization, abortion was actually taken up by the state for the first time in 1971. Under the leadership of a group of doctors, The Supreme Health Council under the Ministry of Health prepared a report on abortion and proposed its legalization under state control and in state institutions, arguing “family planning methods to be incomplete” given the exorbitant numbers of illegal abortions still taking place in Turkey (*Milliyet Daily* 1971a). The socioeconomic disparities in accessing illegal but relatively safe abortion services, as well

as its prevalent practice regardless of the ban evidently was not lost on policymakers even at the time. Similar statements were also voiced in the Parliament at this time. A number of parliamentarians during the 1971 sessions had stated the ineffectiveness of the abortion ban given it did not prevent illegal abortions, and mostly by married couples for birth control reasons (*Milliyet Daily* 1971a). After that, the fate of the numerous informal proposals and preparations for legalizing abortion went back and forth depending on the spotty support for family planning on the account of political actors, and ideological differences on the issue.

However, it had been argued repeatedly by representatives and physicians that abortion was illegal for those who could not afford it, and legal for those who could. The abortion ban was known to be only an ideal rather than a reality, one that was acknowledged by physicians who provided abortions. And for those who can afford to have them in private practice offices of reputable doctors, they were relatively safe (Gursoy 1996). But despite being “realistic” about how abortion operated in Turkey, advocating its legalization did not necessarily mean advocating bodily or reproductive rights for either men or women – especially in the eyes of politicians and the military government that supported it. Instead, abortion during these discussions was tied to family planning and high fertility levels as much as its relevance for women’s health for representatives. Whenever a discussion over abortion took place, high fertility levels in Turkey was as significant of a reason to defend it as women’s health and the high numbers of illegal abortion in Turkey.

Shortly after the September coup, the first draft of the new family planning law was proposed in August 1981, and contained legalization of abortion during the first 12-week of gestation and voluntary sterilization as well as allowing nurses to carry out IUD placements. When the Minister of Health of the military cabinet commented on the policy proposal, the logic behind the initiative was a continuation of the 1965 initiative which was found to be inefficient by the new military cabinet. The Minister of Health declared in 1981 that “abortion will be legalized for the good of the nation and within the confines of population planning, and without damaging familial happiness” (*Milliyet Daily* 1981a). The initiative was prepared “in light of the principle of every citizen bearing as many children as they can afford” as had been the case in 1965, and aimed to prioritize birth control education over abortion as well as cutting down maternal death cases due to botched illegal abortions.

And while they legalized abortion, the military cabinet operated on its own agenda over any other interests or rights. They had their own reasons for legalizing abortion - population increase and unemployment, women’s health, the fact that it was already common and commonly acknowledged, and doctors’ involvement in the process for providing guidance and advocacy - but it also had prerogatives and principles that it wanted to maintain while doing so. Above all, legal abortion was going to be “under state guidance”, and would not disturb existing gendered and familial dynamics and religious sensitivities. It was also imperative for the the military cabinet that in the case abortion was legalized, “both partners would have a say over the decision” as well as that Islamic principles would not be harmed under the guidance of Department of Religious Affairs

(*Milliyet Daily* 1981c; *Milliyet Daily* 1981b). Under such conditions, women's bodily rights could only become a part of the conversation when a handful female representatives defined it as such sporadically through the debates. Apart from these few and far in between instances, reproductive rights never became a part of the conversation.

That the debate was not one about rights was also partly why there wasn't much opposition when the 12-week limit was reduced to 10 weeks between the initial proposal of the law in 1981 and its passing in 1983. In fact, there was no discussion of the issue on the Parliament floor, and the limit was actually reduced between session because the 12-week limit was found to be too high by the opposing representatives⁶³. Although the 10-week limit was justified by the Minister of Health as to protect maternal health, that the studies used during Parliament debates used the term "embryo" starting with the 12th week of gestation might also have had an impact on the government's demand to shorten the time limit (*Advisory Council Account of Proceedings, 83rd Session* 1983; *84th Session*, 1983).

The debate over the new law in the Parliament resembled the 1965 debates in terms of defining birth control mainly through the family rather than an individual, and in terms of the biopolitical concerns which justified the need for family planning and

⁶³ Personal communication with Ms. Ayse Akin, who drafted and revised the bill in 1983. In her account, it would have been impossible to pass the bill with a 12 week limit, and recalled its revision as an informal and quick process. Having advocated for legalizing abortion since the late 1970s, and working as an obgyn professor conducting IUD research while practicing medicine, Ms. Akin was the primary figure who worked with the military government during the legislative process. She was also the primary advocate of allowing nurse practitioners to implant IUDs - especially in more remote areas where physicians were less accessible. She stated she was called to help create the bill, and it appears that she became the bridge between the bureaucratic and medical communities and the military government. I think her experience of the abortion bill process is an example of what Htun (2003) finds in her study of how relatively liberal bills can pass under oppressive regimes with the advocacy of professional-specialist networks.

abortion. Parallel to the essence of the 1965 initiative, family planning was again primarily a matter of “enabling” the Turkish society “to rise to the level of modern societies”. In this light, similar to their 1965 counterparts, representatives who supported legal abortion defined the prosperous family as the foundation of a modern and developed society. The number of children a family could “properly” look after mattered for achieving an “enlightened” and prosperous social body. In that light, abortion was also a population planning “necessity” as well as a step to ameliorate maternal and infant health. With the help of modern contraceptives, it would serve the purpose of enabling families to have as many children as they could take care of.

The issue of differential fertility was also a continuous thread which tied the two periods together. As the military government and policymakers saw it, urban families already controlled births but the previous initiative had been unable to access newly-urbanized or rural and lower class families. In addition, the economic shocks and devaluations through the 1970s made unemployment numbers, socioeconomic consequences of vast urbanization made the “necessity” to curb fertility levels among lower classes efficiently this time a more pressing matter. While the law prioritized birth control education over abortion, there was not great harm in legalizing an already prevalent practice to curb fertility. The ban had not been effective in practice for a long time, and it had been an implicitly acknowledged as a birth control method and a necessary-evil solution to disguise sexual transgressions (mostly by women) by those concerned with the issue. In other words, the persistence of social practice of abortion had made its legal status irrelevant.

There were similarities between the 1965 and 1983 debates also with regards to the reasons for opposing a new family planning initiative and legal abortion. Some of those who opposed legalization of abortion used similar arguments on untapped agricultural and geopolitical resources in Turkey which can instead be used to develop rather than decreasing birthrates. Moral consequences of legal abortion was another concern. From the point of view of the opposition, religious rural families did not seek abortions in Turkey either way. Abortions only took place among higher-class urban women, which indicated its “amoral” and “avoidable” nature. In that sense, it was a “capricious” procedure catering to the “unreasonable” demands of upper class women rather than a cross-class necessity, much less a necessity for lower classes. Legalizing abortion would also terminate the biggest deterrent for sexual relationships for young women and diminish the value given to female virginity (*Advisory Council Account of Proceedings, 83rd Session 1983; 84th Session, 1983*). Assuaging the fears over the moral impact of abortion was an important matter also for the proponents of the law in that legal abortion had never been supported as a “liberating” or right-related issue. This is why defending the new law Minister of Health could argue that “The new law does not touch the sanctity of virginity and does not tarnish girls’ and women’s honors. It only allows terminating unwanted pregnancies under medical provision” (*Milliyet Daily 1983*). Nobody, including the supporters of the new family planning and abortion initiative wanted to reform or alter the existing gender norms over sexuality and morality. Although a number of representatives including some female members of the Advisory Council argued abortion to be a “right” for women, the creators of the law would not go

as far. And even for those who supported legalization, many found it imperative to constrain the limits of such access with “state control over abortion”.

That there was no debate over the “spousal consent” principle in the new law similarly pointed to the gendered limits of legal abortion. Although there had been heated debate on who had could access contraceptives during the passage of the 1965 Law, no debate over the spousal consent principle in the new draft took place during the 1983 debates. Thus, the way it passed, the new law required husband’s written consent before seeking an abortion. This was to be often criticized by feminists in the following decades but it appears that it was an inalienable part of the new law, especially if it were to pass within the existing patriarchal nature of the military government and its supporters⁶⁴. In other words, legalization of abortion before the proper emergence of organized feminist groups in Turkey (and within the context of strict political oppression of the military government) meant there were not many opponents of such a principle that made the Turkish abortion law relatively much less liberating for women. However as some physicians and Akin argue, the husband consent principle can be thwarted in principle if the patient and the doctor are willing to do so. This is because the physician offering the abortion does not have the right or responsibility to inquire further whether the written husband consent is authentic or not, especially when the procedure takes place in a

⁶⁴ A surprising discovery for me was that Ms.Ayşe Akin supported the spousal consent principle as well. During our conversation she mentioned how much criticism she – and the law – has gotten about the spousal consent requirement, but argued that termination of a pregnancy to be a “partnership decision”, something both partners should have the right to decide. At the same time however, as with other physicians I interviewed during my research she added that abortion “at the end of the day” is usually between the woman and the physician.

private practice office rather than a state hospital⁶⁵. For some abortion providers and particularly for those who offer abortion services in their private practice offices, the final decision is in practice an agreement between the female patient and the doctor as long as the latter is willing to provide his/her services.

The justification provided for the new population planning law and legal abortion was also continuous with the logic of 1965. The official statement introducing the new law to the Parliament in 1983 was as below:

“Although a 15-year period has passed since the implementation of law no.557, the decrease in the population increase rate has been insufficient. Furthermore, deaths due to illegal abortion and infant mortality as a problem in our country have incrementally increased, and cases of maternal death and disability have continued in the thousands.

According to the results of population surveys carried out in Turkey, half of the pregnant women stated they did not want this pregnancy. Unwanted pregnancies increase as the number of children women have increases. ...

However, the illegal status of abortions carried out social and economic reasons has caused secrecy and concealment. Abortions carried out under secrecy also caused the prices of the procedure to increase. Thus, it has come to be acknowledged that abortion is accessible to families having the economic power while those who do not are shamefully left to die. ...

There are exigent initiatives to legalize abortion around the world today. It is perplexing that there has not been such an initiative in Turkey although we are one of the countries harmed the most from criminalized abortion. ...

Those who want to carry out this activity today have the means to do so. This is why decriminalizing the mentioned act will not cause an increase in its numbers, on the contrary, it will reduce the numbers of clandestine abortions carried outside the purview of medical control and protect women's lives and health to a greater degree” (*Advisory Council Account of Proceedings, 83rd Session, 1983*).

This statement pointed to a number of predicaments in Turkey that were matters of life and death to many women. At the time of this draft, maternal and infant deaths in

⁶⁵ Personal communication with Ms.Ayşe Akin.

Turkey were indeed quite high, and there were differences of access to abortion services across classes. In that sense, the way it was drafted by Ayse Akin as a practitioner who were aware of such discrepancies pointed to concerns over maternal death, classed abortion access as well as the inefficiency of the existing abortion ban that had been to the detriment of many lower class women. On the other hand, however, the military government followed in the footsteps of the 1965 initiative with regards to biopolitical considerations. In the end, that the decline in fertility rate so far had been found to be insufficient was the primary cause for a new proposal, followed only secondly by concerns over maternal health and abortion access. And although the law pointed to the high number of unwanted pregnancies, these were considered to be pregnancies within marriages rather than without. In that sense, women as autonomous rights-bearing individuals outside the familial domain did not emerge as participants in the making or justification of the law. But at the same time, the law was justified on the account of women. For example, the increasing number of children was not only a problem for the state, but a problem *for women* who would have had aborted unwanted pregnancies if they could legally do so. In other words, women “obviously” had unwanted pregnancies, but did not have access to abortions. From the point of view of the policymakers, high fertility rates was a shared problem of women *and* the state – only the latter was the powerful party in this relationship choosing to bestow rights on women rather than being demanded to provide them.

This asymmetry between women as recipients and state as the discretionary power furthermore left most (especially lower class) women outside a proper debate over

reproductive rights. This is also why it is not surprising that the State Planning Agency and Ministry of Health at the same time with abortion legalization advocated having three children per family (*Milliyet Daily* 1982b)⁶⁶. The neoliberal restructuring of the economy and the economic troubles in Turkey during the 1980s called for creating an efficient population more than ever, and from the point of the view of military and other elites, Turkey had a long way to go both socially and economically. For this reason family planning, and subsequently abortion, was believed primarily to be a public health matter under state responsibility and medical oversight. Subsequently, the responsibility the state vested in itself to educate families, reduce fertility rates, and provide abortion services put women and the state face to face. The modernizing, educating, and patriarchal family planning discourse through which the state legalized abortion meant women (and to a lesser extent, men) needed to be brought up to par - again. The discursive nature of the second family planning initiative was in that sense not a break from the previous period, but a continuation of it. What was different was that this time the call for reducing fertility was more pervasive for two reasons. For one, this time not only did the military regime held all political ropes, but they also had more power to define the discourse through a bigger budget and new communication technologies like the national broadcasting. Secondly, unlike modern contraceptives of the 1965 Law, abortion that the new law legalized was already widely practiced in Turkey. In other words, unlike the previous contraceptive legislation, what this policy brought was already in practice across

⁶⁶ It is interesting (and telling with regards to changing perceptions of fertility trends) that the same “three children” suggestion will be made by AK Party’s Tayyip Erdogan in the 2000s, and will be considered as outrageous and “too high of a number” by most elites in Turkey.

regions and classes. This was also why when legal abortion services began on 1st January 1984, the handful hospitals which provided the service was already inundated with requests so much that some hospitals started scheduling appointments through lotteries come 1988 (*Milliyet Daily* 1984b; *Milliyet Daily* 1988a).

At the same time, increasing visibility of abortion also meant increasing visibility of abortion patients. And because upper class women had already had access to relatively safe and discreet abortion procedures provided by private practices, state hospitals who would service women from lower classes became the first and foremost symbol of the new abortion law. In other words, while it was business as usual for many women from upper classes, it was the women from lower classes who lived in new urban neighborhoods and sought abortion services in state hospitals that became to be defined as abortion patients in Turkey. The discourse surrounding the “abortion law” in that way added to the class distinctions among women, and put recently-urban lower class women at the center of “Turkey’s population/abortion/fertility problems”. The upper-class women stayed relatively away from newspaper stories of legal abortion, and given newly urbanized lower class women “needed” solutions to high fertility (which they did not want, as the law reasoned), abortion and contraception came to be defined as medical birth control tools. This helped normalization of abortion in Turkey as a state-controlled birth control method, and ended the political debate on it by taking the rights dimension out of the debate on abortion, at least until 2000s. That lower class women were identified as abortion patients also placed it further than any consideration of reproductive rights. For one, women, much less non-elite, lower class women had never

properly become rights-holders in Republican Turkey. What's more, the fertility "problem" meant abortion was a "solution" (although one of last resort), not a matter of right for lower-class women who seemed to demand it more according to newspaper coverage and political debate on the issue.

a. Abortion Under State Control: Gender, Biopolitics and Family Planning

One of the important characteristic of the debate over abortion in Turkey during the 1980s was that it was to be under "state control". Such a constraining definition of the procedure itself also enabled its acceptance as it did not leave any room for rights or freedoms within any conception of this service. However, while legalization of abortion was legalized by policymakers and supported by many because it would be "state controlled", there wasn't any explicit explanation of what that actually meant. One explanation was that abortion was to be a last resort "buffer" for birth control, and it was to be provided by state hospitals to correct the existing medico-social inequality in the safest way possible (*Milliyet Daily* 1972b). However while the state found in itself the responsibility to correct such inequalities of access, it also meant the state co-opting a reproductive service which had not been under state guidance before. Especially because it has historically been offered by doctors in private practice clinics in Turkey, and because most of the abortions still take place in private doctors' offices or clinics, state institutions have never had a monopoly over abortion in Turkey before. Despite this fact, however, now abortion had to be under state supervision for its legal status to be acceptable. Appropriation of abortion under state control in this way limited what legal

abortion could legitimately be defined as, as well as the what the uses it could be legitimately put, and the legitimate consumers of this service. In a sense, its legalization required the procedure to be limited (at least in its institutional definition) to married couples, for birth control or family planning uses, and only within a medical framework that did not include any consideration of rights or autonomy.

This, I think, had considerable impact on the meaning of abortion in Turkey, and not solely in terms of abortion being taken out of discussions of reproductive rights. If state control over abortion services only meant the procedure being provided by licensed practitioners, and under particular institutional standards and requirements, there is anything hardly controversial about it. But, given any kind of (especially medical) service is technically under state supervision in a country, why was there so much stress on the state-controlled nature of abortion in particular? In other words, what made abortion be explicitly defined as “under state control” while, say, an appendectomy or bypass surgery? I think the social baggage of abortion as a possible matter of bodily autonomy has the most to do with this limitation in its definition. For one, “being under state control” meant abortion was not a service anyone, anywhere, and anytime could demand, but a service inherently bound with the population, fertility, birth control goals of the state. The reason why abortion was legalized was not so that anyone (including young and single women) could easily access it, but so that it could be an “efficient” tool in helping families reach birth control goals. Legalization of abortion as a “state-controlled” service in that sense separated legal abortion from the historical practice of abortion

services in private offices which could have been demanded by anyone, for any reason, and anytime.

In this sense, defining abortion within state-supervision twisted the possibility of “freedom” inherent in choosing abortion. This is not to say anybody was obligated to choose abortion in order to reduce national fertility rates. But it being a state-controlled service meant the freedom of choosing abortion was in definition limited to women and families sanctioned by the state, at least to the extent of state institutions. The kinds of patients (married and mostly lower-class, and usually with multiple children) the state hospitals were to openly serve was defined by legalizing abortion as a service under state supervision. In other words, abortion having been placed under state supervision did not only limit its actual provision, but also aimed to constrain the borders of its social legitimacy in terms of who can ask for it and why. This is why I think it would have been considerably harder to pass the law if legal abortion has been defined without such specific framing, which would by default could have defined it as a service accessible to anyone - including single and young women as well as women who engaged in extramarital sexual relations⁶⁷. The choice of having an abortion, and the conditions under which it was legitimate to make such a choice was in that sense limited by the

⁶⁷ Paxson (2004, 147) explains medicalizing of abortion as divorcing it from the fact of sex – which “allows it to be “viewed viewed separately from sexual practice, if not always separately from the complexity of heterosexual relationship.” She makes this observation for abortion in Greece, which – interestingly, but maybe not surprisingly – has some very important similarities with the Turkish example despite the religious differences (that would be assumed to have a differentiating impact.) I think the argument she makes with regards to the Greek example holds true for the Turkish case as well: divorcing sex from abortion by medicalizing it prevents abortion from challenging the existing heterosexual power dynamics – and in this way separates abortion from the pill or IUD that do challenge male dominance in sexual relations (Paxson 2004, 147).

definition of abortion as “state-controlled” service. Under such limitations, legalization of abortion could be taken out of its potentially controversial and political nature as it was a (frowned upon, but acknowledged to be widely used) birth control method. Abortion had become a “choice” with its legalization, but a choice that is depoliticized, and inherently unmenacing to existing gendered dynamics of sexuality. In that light, state sanctioning of abortion actually took it out of its political frame in Turkey, at least until 2000s. It was not only that the law was passed by a military government with no legitimate political opposition that depoliticized it, but also the specific social foundations its legality was constructed upon.

State-controlled definition of abortion also spoke to the biopolitical concerns which underlaid its legalization, especially from the military government’s perspective. That the ultimate goal was to create a “well brought-up”, healthy, “educated” and “efficient” society through the family planning initiatives demonstrated the biopolitical bent in such programs, and ended up impacting the legalization of abortion as well. Granted, it is another question whether it is possible to speak of “autonomy” (reproductive or otherwise) within a biopolitical framework, and whether “autonomy” should be the primary concern when access to a potentially life-saving service is considered. But I think in the end, attaching abortion to the biopolitical efforts of population planning goals defined whether it was a matter of reproductive rights or not. Within the unwritten limits that abortion was made “legitimate” and acceptable for legalization resided its unalterable affiliation with birth control and population planning for a more prosperous Turkey and a more enlightened Turkish society.

At the same time, however, it is important to note also that following its legalization, numerous state hospitals slowly but eventually started offering abortion services for many low income women in urban areas who previously did not have access to private practices. Despite its practical and social limitations, the mere accessibility of abortion for women who had much tenuous access to it before was crucial. There was increasingly more access to safe abortion, especially for women who were under bigger threat for suffering from botched, clandestine abortions. In that sense, state-controlled or not, legalization of abortion was a matter of life and death for many women. However, this accessibility came with its own social contradiction, especially with regards to how much lower class women would become exposed and gazed as abortion patients. In other words, “state controlled” abortion meant a visibility for lower class women that was even higher and more judgmental with regards to their “ignorance” and “ineptitude” to adopt proper birth control even after having been “provided every possible tool”. In other words, as state hospitals took on a historically privately offered service, and the kinds of patients it attracted also became public information with much more scrutiny by politicians, elites, and upper-class women. The debate being constructed on fertility of lower-class women did enable the military government to more easily support legalization of abortion, but also further problematized lower-class fertility. Newspapers covering legalization of abortion were primarily interested in covering excessive population increase, and the dozens of lower-class women coming to state hospitals to have an abortion while the policymakers carefully disassociated abortion from any other concerns other than family planning under state guidance.

Furthermore, the terms “state control over abortion” perhaps uncoincidentally emerged with the inclusion of men into the family planning debate during the 1980s. In addition to legalizing abortion, the second initiative also brought a stress on men’s responsibility over birth control for the first time. Information sessions for men in usually male-dominated spaces such as coffeehouses and the army started taking place with the hopes of disseminating information on modern birth control methods, especially the condom which had not been as popular in Turkey until the 1990s (*Milliyet Daily* 1985f). Vasectomy operation was also legalized with the 1983 Law, but its implementation stayed sparse although hospitals tried to lure male patients with campaigns, especially in Eastern Anatolia where fertility rates had historically been higher (*Milliyet Daily* 1988d).

At the same time however, both the authorities and the media found it harder to address men’s role in birth control and family planning in a direct way. Unlike the ease with which women were put under the gaze, discussing birth control through men carried the debate in an uncomfortable place that questioned the things that founded male sexual dominance. For example, as male birth control methods and especially vasectomy became a point of discussion, the language became more charged with a certain sense of “threat”. Most news on male methods of birth control during the 1980s talked about vasectomy as a birth control option which then directly translated into questions about possible permanent infertility (and impotence as a less explicitly voiced concern but one always looming in the background) after the operation. News pieces about advantages of vasectomy particularly stressed that it does not “threaten manly biological capabilities” (*Milliyet Daily* 1992b), but the fact that “vasectomy” (vazektomi) was translated as

“sterilization” (kisirlastirma) in casual Turkish language obscured its reversibility and equated vasectomy with permanent infertility. In a sense, the potential of men being “sterilized” through vasectomy at times became a threatening new scientific finding which the newspapers played into. Subtle mockery at times replaced or accompanied news on men’s involvement in birth control, procreation, and pregnancy as well. For example, calls for men to be “sterilized” (*Milliyet Daily* 1988e), and the possibility of a male infertility pill (*Milliyet Daily* 1971c) were overwhelmingly voiced with a combination of threat, mockery and seriousness overall. The possibility of women having children without direct male participation (such as news on sperm donations carried out successfully abroad) were usually penned with both subtle derision and subtle seriousness on the matter of men becoming “irrelevant” through technology. On the other hand, despite infertility and sterilization becoming points of discussion through vasectomy as a possible birth control method, actual male infertility rarely did. Although the Turkish family planning initiatives since the 1960s stressed helping families with reproductive challenges as much as curbing fertility, female infertility was the only kind which was openly talked about. News of new assisted reproduction clinics in Turkey mainly mentioned women with fertility problems, and announced the new clinics to be a solution for women while male infertility almost never made it to such news. The 1980s in that sense brought men into the family planning discussion in Turkey, but always with a secondary if not tertiary (after the woman and the state) responsibility, and with a stance that was in between being threatened and derisive. Family planning and birth control was a matter primarily between the woman and the state, although it was encouraged for men

to “do their part” without necessarily blaming them for the failing of the previous efforts in curbing the fertility rate.

b. Gender, Class and Family Planning: The New Abortion Patients in Turkey

The new family planning initiative aimed at reaching lower class women with “concerns” over differential fertility, and defined lower class fertility a economic-developmental policy problem. In that sense, the discursive framework of the new project made other possible causes of lagging economic development (such as increasing income inequalities, lack of investment for sustainable urban growth, high urban unemployment, and economic disparities across regions) less relevant to fertility levels in Turkey. Excluding more systematic and comprehensive causes of economic woes also enabled singling out lower class families (and lower class women in particular) as the root cause of the fertility-development “problem” – which effectively personalized the policy issue by using lower class women (Gusfield 1981). With the initiation of the second family planning initiative lower class women came to represent what was “wrong” with families, contraceptive practices, and modernity overall in Turkey which effectively put other causes of lagging economic growth on the side.

A news piece (picture below) dated October 1981 on a panel titled “Population Planning and Children” is representative of the imageries and hierarchies which became intrinsic to the second family planning debate (*Milliyet Daily* 1981d). The panel was organized by the newspaper *Milliyet*, and appeared in a section of the newspaper which

operated as a forum where experts provided the readers with different arguments about relevant political issues of the week. Since the debate on family planning had once more ignited after the 1980 coup and there was talk about legalizing abortion, the forum on this particular date explores this issue. The panelists consist of one obstetrics professor and one pediatrics professor with their names, professional titles and affiliated institutions provided to the reader along with the names of the two moderators/reporters. However, the presentation of the fifth participant is starkly different from the first four individuals as she is not given a name and a professional title. She is simply named “Guest Turkish mother with 12 children” underneath all the other names, and in the picture accompanying the piece, the “guest” mother is sitting by herself at the one end of the table while the (male) “experts” and the reporters sit on the other by themselves. The headscarf worn by the woman signifies her provincial background (rather than any particular religious affiliation) as headscarves were common among rural residents, and middle-aged women from working classes in Turkey historically. Her stooping posture and downward looking face adds to her separation from the others and makes her seem almost like an “exhibit” than an active participant to the discussion - a concrete rendition of the class hierarchies existing among such women and elites in Turkey throughout the abortion debate. The excerpt below is the first part of the forum, and depicts a good picture of the gendered and classed nature of the family planning debate overall:

DÜŞÜNENLERİN FORUMU

(Soldan sağa) konuk ana, Prof. Dr. Özdemir İleri, Prof. Dr. Turgay Atasö, Ertuğrul Soysal, Gülser Kayır.

Nüfus Planlaması ve Çocuk

KATILANLAR (Alfabetik)

Prof. Dr. Turgay Atasö: . . . Cerrahpaşa Tıp Fak. Öğretim üyesi, kadın hastalıkları ve doğum uzmanı

Prof. Dr. Özdemir İleri: . . . Cerrahpaşa Tıp Fak. Öğretim üyesi, çocuk hastalıkları uzmanı

Konuk Türk anası. 12 çocuklu Ertuğrul Soysal. Yönetici Gülser Kayır. Asistan

Ama tabii herkesin 10 çocuğu ol-
sa yardım kime yetiydi?

SOYSAL: Hemşirann, sizi daha fazla rahatsız etmeyelin. Zannetlerinizle teşekkül ederiz. Sire ve çocuklarınıza sağlık, se-
lâmet dileriz.

SOYSAL: Sayın hocalar, ge-
çen hafta ekonomistlerimiz ve
sosyologlarımız nüfus patlaması
denen geri kalma ülkelerin yay-
gın hastalığına, ülkelere ekono-
mik ve sosyal yönden neyle mal
olduğuna, kendileri ne hale geldi-
ğini dile getirdiler ve "Geri kal-
mış ülkeler, özellikle Türkiye, nü-
fus artışı ciddi bir sorun olarak
ele almalı, planlamalı, nüfusla-
ma ya tabii tutmalıdır", dediler. Me-
sele buraya geldikten sonra da
nüfus planlamasını ve bunun üre-
nün olan çocuğun meselelerini dile
Devamı 4. Sayfada

SORU: Bugünkü forumdan önce okuyucularımıza tahdidi edeceğimiz bir konumuz, bir Türk anası var.

Anne, hoşgeldini. 12 çocuk doğurmuş, bir kurtaj yapmış, 10 çocuğu hayatta genç bir Türk anası. Eşini de kaybetmişsiniz. Sizin burada konuşacakla-
rınız inanıyorum ki, size benzeyen on binlerce Türk anası ve genç kızlarımızı etkileyecektir. Çocuk-
larınız ve doğumlarınız hakkında
buyurun çekimeden konuşun.

KONUK ANA: 40 yaşında-
yım. 15 yaşında evlendim. 13
kez gebe kaldım. 12'sini doğur-
dum, bir de kurtaj oldum. 10 çö-
cuğum Allah'a şükür hayattadır.
İle düşük yapmadım. Kendi
kendime de düşük yapmaya yet-
medim.

SORU: Çocukları isteyerek
mi doğurdunuz?

CEVAP: Hayır. Her doğu-
dan sonra bir daha doğurmama-
ya yemin ediyordum, ama Allah
yine veriyordu. Gebeliği önde-
cek bir bilgin, çarem de yoktu.
Bir keresinde şeytana uyup kü-
r-

miş, onlara öğretmiş, bir şey ta-
kıyorlar, korumuyorlar. Ashında
bizim kadınlara fazla çocuk düş-
künü deydiler.

SORU: Çocukları, Allah nafa-
kasıyla beraber verir derler. Sizde
de bu inanç var mıdır?

CEVAP: Derler ama ben ona
inanmıyorum. Beyimle birlikte
çalışıyordum ama yine de yeti-
miyorduk. Beyim öldükten sonra
bize bir şey bırakmadı, yardım-
severler olmasa ne ederiz? Be-
nim ayrıca çalışmaya gerek de
kalmıyor, kimse de onları zorla-
may ama yardım ediyorlar.

SORU: Kirtaj nasıl oldu? Si-

KONUK, 12 ÇOCUKLU ANA

- * Çocukları isteyerek doğurmadım, oldu.
- * Her seferinde yemin ettim, ama caresiz, Allah yine verdi.
- * Bir kere kirtaj oldum, pılgınam.
- * Gebeliği önlenmenin gö-nah olduğunu itime-dik.
- * Şimdi köydeki kadınlar akıllanmış, her şeyi bili-yorlar, bir şey takıntı korunuyorlar.

taja gittim.

SORU: Kirtaj nasıl oldu? Si-

Şunu bir daha anlatır mısınız..

—Elbette.
Bir daha,
bir daha,
bir daha anlatırız.

Önce biranızı açın...TUBORG'u!
Açın, dinleyin!

-TUBORG farklıdır-
Seyredin!

-TUBORG, rengiyle farklıdır-
Ve yavaş yavaş yudumlayın,
-TUBORG, tadıyla farklıdır-
Yaslanın, yaslanın arkanıza,
TUBORG'u yaşayın...

-TUBORG, keyfiyle farklıdır-
TUBORG

"İşte biranız"

Source: Milliyet Daily, 8th November 1981, p.2

Picture 1: This portion of the Milliyet Daily newspaper consisted of opinion editorials on popular topics at the time, written by a variety of professionals or experts of science, law, medicine, economics, etc. A rough translation of the section title would be "Thinkers' Forum", and the title of this particular piece is "Population Planning and Children". It is the transcript of the roundtable where two professors, two journalists, and one woman (as the "guest Turkish mother") discuss birth control and population planning in Turkey, one of the hot topics of the early 1980s (Milliyet Daily 1981d).

Reporter: Before our forum, we would like to introduce our readers our guest, a Turkish mother. Welcome ma'am. You are a young Turkish mother who has given birth to 12 children with 10 of them living, and who has had an abortion. You have lost your husband as well. I believe what you will say here will guide thousands of young girls and Turkish mothers like you. Please don't shy away from talking openly about your children and your births.

Guest Mother: I am 40 years old. I married when I was 15. I got pregnant 13 times. I gave birth 12 times, and had one abortion. Thankfully, 10 of my children are alive. I never miscarried. I also never tried to miscarry.

Reporter: Did you want to give birth each time?

Guest Mother: No. After each birth I swore not to give birth again, but God kept giving me more children. I didn't have any information or solution to prevent pregnancy either. Once I had an abortion.

Reporter: How did the abortion happen? Did anybody tell you abortion was at odds with our religion?

Guest Mother: I was forced to have the abortion. It was very hard to go [to the doctor]. I felt like a living being was being torn from inside me. I regretted it very much, I also knew that it was forbidden by our religion, but nobody told me anything about it. I did not have another abortion after that thinking I would go to hell.

Reporter: Would you have used birth control methods if you knew they existed?

Guest Mother: Of course I would. But I didn't. Nobody told me that controlling births would be opposed to Islam either.

Reporter: How do you take care of your children after your husband's passing?

Guest Mother: My husband died 3 years ago. He didn't want more children either, but he didn't know how to [control births]. He didn't want me to have an abortion either. One of my children is married, I bring up the other 9 with help from whomever lends us a hand.

Reporter: How is the situation at your village, what do your friends and relatives do [about birth control]?

Guest Mother: I am from one of Isparta's [city in central Turkey] villages. All women in my village know better now. I am the one with most children among them. I heard a lady from Istanbul came to the village to teach them something, they use something to protect themselves. Actually the women from my village do not want a lot of children.

Reporter: They say God gives children with their bounty. Do you believe in this?

Guest Mother: Yes, they say that but I don't believe it. Both me and my husband worked, and we still couldn't make ends meet. We had nothing left after my husband passed. What would we do if people did not help us? [Thanks to the help] I don't have to work, nobody makes them do it but they still help us. But who would help another if everybody had 10 children?

Reporter: Ma'am we thank you very much for your trouble. We wish you and your kids health and prosperity. (Turning to experts) Esteemed professors, last week economists and sociologists talked about "population bombs", and what it cost for underdeveloped countries in terms of economic and social problems as well as what it did to urban life, and argued "Underdeveloped countries like

Turkey should consider population increase as a serious problem and plan or limit population increase.” What we need is you as experts to tell us about about population planning and concerns with regards to resulting children. We just observed the much too common tragedy of a mother with 13 children in Turkey. Before going into the details, I would like to ask Prof. Atasu to tell us about what has brought the world face to face with a population bomb and the need for population planning. (*Milliyet Daily* 1981d)

In terms of the presentation of actors, their beliefs, their standing in relation to others as well as the presentation of events, pieces like this have served in the Turkish media and in public opinion to define “who” these women are as well as their despair and ignorance which in the end enabled justification of family planning (and legal abortion). Through the woman’s narrative, the “necessary solutions” become legitimate measures, and audiences are provided information on the issue which they are then expected to agree with the scientific, reasonable proposal. Instances of engagement between such “distinct” individuals also mystify the social hierarchies between them while legitimizing such differences due to reason, science, education and modernity - reflections of class differences between the groups. And while the professional merits of scholars participating in this debate define them as individuals, demanding respect on their own individual accomplishment and standing, a big multitude of women like the “guest Turkish mother” become nameless and interchangeable. Consequently, this multitude of women who are not only indistinguishable but also ignorant and desolate, is not expected to become legitimate actors on the political discussion over reproductive services and

family planning⁶⁸. In that sense, this snippet is quite representative of many others in newspapers and during Parliament debates with regards to their approach to lower-class women with multiple children. Putting the didactic and ham-fisted approach in the questions posed to the woman aside, the woman in question as with many others throughout the 1980s is treated like a exhibit of common womanly tragedy without requiring any more input from her once the “actual” debate starts with the introduction of experts. The relative position and the powerlessness of the woman is also characteristic for the imagery of lower-class women who became the main protagonists of family planning debate in Turkey since the 1960s and continuing to the 1980s. In that sense, the “guest Turkish mother” is a version of the desolate but selfless Anatolian mother, one that had been and will continue to be utilized for getting gendered and classed messages with regards to controlling birth to other women.

What is also interesting is that her imagery is aimed particularly for women while the men appear in the dialogue either as experts, or in absentia husbands. While the expertise of women as people who actually give birth to a dozen children are placed lower on the hierarchy of knowledge, scientific expertise of men who never actually gave birth – or had an abortion for that matter – is positioned as more credible and important. In a sense, this scientific hierarchy which had placed elites (particularly, elite men) on a higher power position to many others (particularly, lower-class women) in the family planning debate since the 1960s continues starkly here. It is hard to miss the “ignorance”

⁶⁸ I think this piece also demonstrates how the “mere presence of a voice does not guarantee accurate interpretation” and how public identities are simplistic, skewed – which in the end feed into existing social tropes and new policies (Hancock 2004).

that is presumed, and the pity that is directed towards the nameless “guest Turkish mother” whose distinguishing feature then becomes having 12 children with no husband, no work or no knowledge of how to control births. At the same time, the flip side of the pity for nameless Turkish mothers then becomes the disparaging drive to “educate” the ignorant masses which want to control births but who are helpless to do so. In this way the “problem” also becomes the people as much as the act of not using contraception. This “tragedy” is thus defined as easily preventable with the intervention of elites with modern knowledge on how to control births, and it is expected to be a welcome intervention in that even families with multiple children actually want to limit births.

Haney (2010) asks why specific dependency discourses and therapeutic vocabularies get institutionalized in specific moments, and why these themes resonate with those institutionalizing them. In that light, the excerpt above gives a glimpse into dependency discourse within the family planning debate. From the point of Turkish policymakers at the time, the economic conditions since 1970s not only required rebooting the family planning initiative, but also pointed to families with higher fertility levels as those who needed “help”. As they defined it, family planning (and abortion) was a public health service where overpopulation and economic troubles existed, and where the previous family planning initiative had been insufficient. This also meant, however, as the provider of a public health service, the state needed to designate what kinds of needs were to be addressed, and who needed help. Following the less than stellar economic trajectory of the late 1970s and early 1980s, both state planners, elite bureaucrats and military elites pointed to population increase as one of the culprits of

economic woes such as growing unemployment in the cities. Although the total fertility rate had fallen from 4.61 in 1978 to 4.17 in 1983, and was overall on a downward trend (Hacettepe Institute of Population Studies 1983), this decrease was insufficient both in the eyes of state economists and policymakers especially on the verge of new economic structuring. This is why in light of new policies of opening markets to international competition, increasing exports and curbing internal demand, the principle of “making as many children as you can afford” of the 1960s became even more relevant in the eyes of policymakers. Newspaper stories about population increase and metaphors such as “reproducing like rabbits” (*Milliyet Daily* 1985b; *Milliyet Daily* 1985c; *Milliyet Daily* 1985d) had again began to be more frequent as had been the case during the 1965 Law, and the “ignorance” underlying high fertility numbers was again a topic of debate in the beginning of the 1980s.

For the military government it was apparent that the first family planning initiative had failed, and “ignorance” as well as “high” fertility needed to be targeted to succeed at curbing birthrates decisively this time. Thus, following the economic impetus of the 1980 coup, recently urbanized women and families with higher number of children became the first and foremost public imagery of the family planning initiative of the 1980s. Throughout this process, the selfless and desolate Anatolian mother image used during the 1965 debates also went through a transition. Anatolian mothers had since then immigrated to urban areas, especially to metropolises like Istanbul and Ankara. Thus, the new generation of Turkish mothers were no longer a rural myth, but were recently urbanized, lower class women living in new urban neighborhoods and slums.

Furthermore, it was acknowledged by policymakers that legalization of abortion and provision by state hospitals would have the most significant effect on lower class urban women in that urban upper class women already had access to relatively safe abortion services while the other were left to their own devices (*Advisory Council Account of Proceedings, 83rd Session, 1983; 84th Session, 1983*).

But while lower class women gained easier and more affordable abortion services after its legalization of 1983, they also became the primary culprit of the past failures and targets of the new disciplinary discourse towards reproduction and birth control. While urban women either disappeared from the debate altogether or got repositioned as authoritative elites within women's NGOs, the stress on the "ignorant ways" of the newly urbanized lower class women became even more pronounced. News coverage of the proposal and the new initiative also helped set the dichotomy as lower class women often appeared in pictures in multitudes, waiting in hospitals for abortions, seeking family planning information in clinics, or being "educated" on birth control by doctors, philanthropists and politicians in community centers and factories. Especially when the initial demand for abortion in state hospitals in 1984 exceeded hospital capacities, women in "abortion queues", and too much demand for abortion which opened even more room to critique the "ignorance" of the lower class women in the pictures and on the news (*Milliyet Daily 1984c; Milliyet Daily 1985a; Milliyet Daily 1984a*).



Picture 2: A newspaper from 1985 is representative of the gendered dichotomies and imageries of the period (photo, left). The two captions underneath the photos demonstrate the distinction made between “smart” and “ignorant” lower class women “observed” in maternity hospital. The first one is captioned “Smart Women”, and talks about (lower class) women attending birth control education in Zeynep Kamil Maternity Hospital (*Milliyet Daily* 1985a).

Source: *Milliyet Daily*, 31st January 1985, p.3

The caption below the uppermost photo reads:

“Smart Women: As abortion services are being provided in Zeynep Kamil Hospital, in the Family Planning Center [of the hospital] preventing unwanted pregnancies is taught to women who have immigrated to Istanbul from rural areas. The women who participate in courses in the hospital thus protect themselves from abortion which might have harmful consequences as well as participate in the “have as many children as desired” initiative as “willing and smart” individuals (*Milliyet* 1985 A).

The photo on the lower right corner is one of a woman actually having an abortion. In the photo the readers can only see her head and upper body in addition to a doctor and the nurse working on the operation. The caption is:

“Here Is The Abortion Room: This is the abortion room in Zeynep Kamil

Hospital. Everyday, 15 to 20 women are its voluntary visitors. In two beds, two doctors with the help of nurses save women from an unwanted pregnancy. Every woman who has had an abortion leaves this room hoping never to come here again. However, according to the studies, many women who forget the pain they have experienced in this room come back to it as a “last resort” for not using birth control later.” (*Milliyet Daily* 1985a)



Source: Milliyet Daily, 11th January 1984, p.1

Picture 3: Another newspiece on women waiting for abortions in Zeynep Kamil Hospital. The “the hospitals halls are filled with women. It is stated 100 women daily come to the hospital seeking an abortion. The chief obstetrics physician of the clinic states “Everyday 100 women come to the hospital seeking abortions. My colleagues work nonstop but we cannot fulfill the demand. We will only accept appointments from now on” (*Milliyet Daily* 1984a)

While looking at the news on great demand for legal abortion, it should be kept in mind that abortion in Turkey had been prevalent, and relatively accessible for women while it was illegal. In other words, a considerable amount of “abortion patients” existed even before these news in Turkey. In that sense what legal abortion particularly exposed was the lower class women who assembled in state hospitals as the new abortion patients. This not only meant concealing the across-class practice of abortion as a birth control in Turkey, but also put lower class contraception and fertility practices under focus. And apart from the explicit moral evaluations and judgements made on the case of lower class abortion patients, these photos and captions demonstrate several other things as well. On the one hand abortion (or at least abortion provided in state hospitals) was very far from being a “private” matter. State controlled abortion was not only legal, but also open to the

public gaze. Nobody, including the doctors, politicians and reporters appear to have respected the privacy or dignity of women seeking abortions in state hospitals throughout this period. This not only enabled public “shaming” of these women, but also making distinctions between lower class women who are “smart” and who are “not”. Secondly, through repeated photos of women waiting in hospitals for their “turns”, abortion became normalized, and almost pedestrian. Granted, the women in photos here were at least assumed to be married, and almost always coming from lower class neighborhoods which signifies “birth control” rather than “sexual transgression”. In fact, young single women only made it to news as abortion patients when the procedure went wrong or the doctors were under criminal investigation for offering illegal abortion services. All the “legitimate” female abortion patients in these news are in that sense married women who can “openly” seek abortion.

This news piece is also a particularly clear representation of the differentiation made between women who are “ignorant” and repeat abortion patients, and those who are “willing and smart” for participating in birth control education. While it is especially demonstrative, this piece is far from unique or atypical with regards to its message and its portrayal of lower class women. Throughout the 1980s, the debate on population planning and the failure to curb birthrates often included news pieces on “ignorance” or “incompetency” of women in utilizing the modern birth control methods made so accessible by the state (*Milliyet Daily* 1985e; *Milliyet Daily* 1986a). But this was not a rapture from the previous period in terms of putting the blame on women’s shoulders for failing to curb birthrates. The “ignorance” which was so bound with gendered and classed

imageries of womanhood and motherhood during the 1980s was a continuation of the previous period. The only difference was that now many of those women who could have been named Anatolian mothers were now second class citizens in the city. In other words the selfless but desolate Anatolian mother lost her honorable but pitied status during urbanization which further bolstered the claims about “ignorance” of (lower class) women. In light of such gendered and classed imageries the new policy - heightening the attention to family planning and legalizing abortion - was a reasonable and necessary response to the needs of these women.

This state controlled abortion meant state push to curb birth rates in lower-class families while the historical and prevalent use of abortion services by upper-class families was left out of the discussion. Definition of population increase as a social and economic problem legitimized state’s prerogative with regards to abortion, and imagery of lower-class fertility made other possible interpretations of legal abortion irrelevant. It might have been an understandable strategic decision to leave any associations of abortion with reproductive rights outside the debate, but given the authoritarian and patriarchal character of the military government it is highly unlikely that policymakers wanted to define it any other way than a last resort measure for family planning and birth control. It was acknowledged explicitly that there was a class inequality with regards to accessing safe abortion services and that upper-class families had had options while lower-class families did not, but that didn’t make accessing abortion a right or matter of freedom for lower or upper-class families, much less women. It was instead a logical extension of birth control services to lower-class families, who incidentally were those

who needed it the most from the point of policymakers concerned with high fertility. That Turkey was already late in developing, and that vast groups of citizens were “late in catching up with civilization” made state intervention to reproductive services as the primary authority only logical. In short, in a context where the “real” problem was overpopulation, unemployment and high fertility, rights-based definitions of abortion was not only peripheral but also contrary to the control with which policymakers wanted to have over reproductive services.

But the existence of the imagery of desolate, uneducated lower-class women also meant that there were women who were not defined as such. In other words, the discourse on family planning in Turkey with the way it was taken up by women as well as men created rifts/hierarchies between lower-class newly urbanized and upper-class urban women as well. This distinction was made before by policymakers during the contraception debates of the 1960s, and although the adoption of birth control by urban women was not regarded by everybody to be for the “right reasons”, it was believed birth control was not an upper-class problem. For bureaucrats and other elites alike, the enlightened women in the upper-class already limited births while women who struggled economically did not. Similar classed distinctions between women were made throughout the 1980s debates, but this time groups of upper-class women also participated in the distinction to a bigger extent⁶⁹. And although the contraception debates during the 1960s had upheld the sanctity of the Anatolian woman and was not particularly biased towards their urban peers, the 1980s debate over family planning did not necessarily define the

⁶⁹ I will expand on this argument in the coming section on philanthropy.

newly urbanized lower class women as the descendants of the selfless Anatolian woman. With vast immigration, women who came to the cities to settle in lower-class neighborhoods and slums were no longer regarded as deserving deference, but mostly ignorant and in need of guidance. In other words, the closer the the urban and newly urbanized groups came closer in the urban landscape, the more distressing the family planning issue became for upper-class men and women. And while a group of upper-class urban women participated in the family planning initiative through philanthropic or professional organizations, the conversation between them and the women they wanted to “help and educate” was mostly one-sided.

What was interesting, however, how much significant commonalities there actually was between the two. For one and very significantly, urban and educated families were hardly lacking in patriarchal asymmetries. For example, while upper-class women were better educated and had higher participation in the labor force, domestic violence and male authority in the family were still commonplace in urban and upper-class families. And although use of modern contraception had been higher in cities, traditional methods were the most popular in cities and rural areas alike until 2000s (Hacettepe Institute of Population Studies 2008). But through differentiations made between groups of women by policymakers as well as the media put the two groups in almost separate universes, and the distinction of family planning became a point of differentiation of “urban” from “rural”, although there were very likely similarities in the crucial dynamics with regards to marital power hierarchy and reproduction. Even for those urban families who adopted birth control (which many of the recently-urbanized

families did as well), preference was the traditional method of withdrawal more than any of the “enlightened” and “scientific” methods that were supposedly common among urban groups. In this way, distinctions made between categories of women not only obscured crucial shared interests and woes, but also solidified the classed gender categorizations which put intrinsic and unalterable identities of being lower or upper-class, being urban or rural in front of actual practices that were at time shared across classes of women. While this rift solidified female identities with regards to what they are rather than what they live, it was disadvantageous for both groups. For lower-class women it meant continuous and widespread disdain, while for upper-class women it meant silencing of the gender inequalities and violence existing among upper-class families. The structural inequities which underlaid all kinds of women’s lives, including those they face while making marital, sexual and reproductive decisions did not become a matter of debate as the space between classed categorizations of women separated them from each other.

c. Philanthropy, Class and Family Planning: Who Should Have 10 Children?

The 1980s saw an increase of actors involved in the family planning debate. Philanthropic organizations that directly aimed at family planning goals were one of these new actors, and their expansion during the 1980s influenced the classed and gendered dimensions of the family planning discourse. The biggest non-governmental organization specializing in family planning was Turkish Family Planning Foundation (Turk Aile Planlamasi Vakfi - TAPV) which was founded in 1985 by one of the wealthiest

businessmen in Turkey, and the owner of the Koc Industries, Vehbi Koc. The Koc group had other philanthropic initiatives as well, but Koc himself had been a vocal advocate for the “need” to decrease fertility levels in Turkey. TAPV in that sense was the first NGO to address family planning and birth control in an exclusionary way in Turkey, and it was a cause Koc personally took big interest in until his death in 1996. This meant the military government and the following civil governments found support and encouragement from a respected business leader like Koc and TAPV with regards to family planning projects. TAPV being awarded by the UNFPA in 1994 added to the legitimacy of the cause (*Milliyet Daily* 1994a). Following Koc’s lead, other philanthropic groups also joined in and started to organized panels and seminars in towns, villages and new Istanbul neighborhoods in late 1980s and early 1990s, despite their impact and visibility staying considerably lower. More importantly, however, with Koc’s involvement in the issue family planning became a popular elite “issue” in Turkey which underlined the classed foundations of what family planning meant in Turkey.

On the one hand, philanthropic organizations did help in some way the continuously underfunded state efforts to make information about contraceptives and contraceptives themselves more accessible. On the other hand, however, its approach to lower-class families and women in particular was not only disdainful but also one-sided. This was mostly because in addition to wish to make birth control more accessible, the core of the family planing advocacy by such groups also put having the financial status as the biggest determinant of whether families should have more children or not. In this sense, Koc was voicing a shared sentiment rather than inventing it when he argued

repeatedly that families with enough financial capability could have 10 children if they wished so (*Milliyet Daily* 1993a). According to this sentiment, what was problematic was “families who do not have the financial ability and who do not have the knowledge having children without thinking about it” (*Milliyet Daily* 1990a). Similarly in the eyes of many urban elites vast immigration to cities following rapid population increase meant an increase in urban populations, especially in cities like Istanbul, Ankara and Izmir, which then “caused infiltration of cities by slums, exceeding air pollution and scarcity of water and of hospitals and school” (*Milliyet Daily* 1990). Furthermore, that Turkish yearly population increase was higher than those of the 12 European Community member countries combined was found to be “unacceptable” for a country which needed to develop and modernize (*Milliyet Daily* 1990).



Source: Milliyet Daily, 27th December 1984, p.1

Picture 4: This picture shows one of the instances when Vehbi Koc (far right) interacts with his employees during the opening ceremony of the "Birth Control Clinic" in one of his factories. The caption reads "Two Kids Is Enough" and notes Koc stating "In the past we had war and epidemics. People would have children just in case. Now, no such things exist. Population should increase parallel to the labor force. Don't have more than two children" (Milliyet Daily 1984d)



Source: 26th February 1988, Milliyet Daily, p.3 (Milliyet Daily 1988b)

Picture 5: The all-male board of the TAPV at a meeting. The caption reads "Every year we have 1 million additional people", and the title is "One Birth Every 20 Seconds".

Amidst their discriminating understanding of reproductive freedom, however, most of such organizations and particularly Koc were at the same time advocates of empowering women within the society, labor market and families. Along with

differentiating between families who should and should not have as many children as they want, many explicitly argued high rates of unwanted pregnancies in Turkey signified the need for women to have more authority and control over their reproductive capabilities. For many, better educational opportunities and higher labor participation for women would help prevent both high fertility rates and unwanted pregnancies in Turkey. Supporting better socioeconomic conditions for women while at the same time discriminating between them across class lines with regards to how many children they should have was the central contradiction for TAPV and others like it. In the end, however, the class discrimination seemed to have won out mostly because the economic and biopolitical concerns underneath the push for family planning was so strong. Many philanthropists, including Koc, did believe improving economic conditions of families would make children, families and the society overall more prosperous. But as TAPV called parents to “carefully rethink the future that awaits our children” and argued “every new life means consumption, every consumer with unmet needs is an unhappy person, and consequently it means an unhappy society” (*Milliyet Daily* 1989c), the interchangeability between (un)happy people, consumers, and societies indicated that the concerns was as biopolitical as much as it was altruistic. Granted, these sentiments had also existed during the contraception debates during the 1960s. But proliferation of philanthropic organizations as well as the increasing popularity of the family planning “cause” during the 1980s and 1990s legitimized the “need” for decreasing fertility among lower class families further. What’s more, with continuously increasing urbanization and urban immigration picking up speed during the 1970s, it appeared that not all urban

residents were happy about sharing their cities with their new neighbors, and the language used to depict imageries of new social ills in the city reflected the disdain very clearly. From the point of view of urban elites everybody should have had as many children as they want, unless they were poor. And as Koc told the female employees in one of his factories during one of his reported conversations about family planning in the factory floor, ceasing of wars and epidemics no longer made it necessary to have more than two children (*Milliyet Daily* 1984d).

The philanthropic activity also bolstered the distinction between groups of women, and made some women active participants of classed differentiation among women. Many of the upper class urban women who worked in philanthropic organizations voiced such distinctions between themselves and others at least as much and publicly as male authorities had. With the rising popularity of philanthropic action in late 1980s, groups of women went to villages or slum neighborhoods to “teach” or give seminars on how to limit births, one organization founded by the wife of then Prime Minister Turgut Ozal being the most visible⁷⁰. Thus, with the proliferation of philanthropic organizations, newspaper stories about seminars given to hundreds of the residents of slum neighborhoods became another dimension of the family planning debate. The three examples below are representative of the articles and statements on women’s philanthropic work on family planning throughout the 1980s and 1990s⁷¹:

⁷⁰ Interestingly enough, Turgut Ozal himself was not a supporter of family planning. He was ambivalent at best about the existing family planning initiative at the time. For him, a 70-million Turkey in year 2000 would be a strong European nation that would have to be reckoned (*Milliyet Daily* 1989a).

⁷¹ I did not use the names given in these newspaper articles for a couple reasons: 1) As the individuals who are commenting are not public figures, I did not want to use their real names. This study does not necessarily

“Volunteer” Solution for Birth Control: Housewives will talk among themselves to learn about birth control. Considering the importance and effectiveness of talking “woman to woman” in our society, TAPV authorities left the task of education on the importance and methods of birth control to housewives who will volunteer for the job.

Female Volunteer 1: I believe family planning to be a national cause. Our society, especially our housewives are very uneducated about it. I am married and I have a child. Since I don’t work, I have the time to volunteer. I will participate in the family planning initiatives to help women.

Female Volunteer 2: For both national economy and their own health, women especially in rural areas should be told about the importance of family planning. For our women who are even shy to go to the doctor, woman to woman communication can forward this message.

Female Volunteer 3: I have two children. For family planning, everybody should only bear as many children as they can take care of. The woman is affected the most by numerous births. It is crucial that our uneducated women are informed about this. I will be happy to participate in any organization that would work towards this.

Female Volunteer 4: I believe family planning to be a more important issue than inflation in our country. I will be pleased to work towards informing women about this issue. I call all women to participate in family planning (*Milliyet Daily* 1992a).

Health Service from YDH [Political Party] Women: Family Planning on the Street: Women from [Political Party] are organizing seminars in slum neighborhoods to educate women living in shantytowns in Denizli. Arguing women are not able to fulfil their womanly duties because of having to take care of [many] children, Ms.Doctor stated: “Womanhood is not [only] bearing children. A 30-year old woman who has given birth to many children has a face of a 55-year old woman. Give birth to only as many children as you can support. You need to provide the children you have a good future. The expense of one child and five children are not the same. A family with many children cannot get enough nutrition. And a child without good nutrition cannot function properly. Make less children”

While local women listened to the seminar carefully, the head of the Party Women’s Branch said organizations to educate women will be repeated often (*Milliyet Daily* 1995c).

engage with opinions of particular individuals but public discourse 2) I believe opinions expressed are not limited to the individuals in question, but represent an approach shared by many at the time.



Source: 25th February 1989, Milliyet Daily, p.2 (*Milliyet Daily* 1989b)

Picture 6: Another newspaper piece about a birth control seminar given to lower class women by professional women. The piece states the experts advised women to get their husbands in birth control. The caption underneath the photo on the left reads “Common problem of women” while the caption below the photo on the right read “Radical Advice”.

However prevalent it was, the call for being educated by elites was nevertheless left mostly unanswered. Regardless of what the message might have meant for women whom it was directed towards, the rift between the two groups of women too vast and the understanding of the elite of the lower-class women too disparaging. Thus, although fertility levels did drop in Turkey during the 1990s, it is hard to argue families adopted birth control because they were “told” by authorities and elites to do so. In fact, it appears that most people reached out to traditional wisdom and authorities when they wanted to limit births due to economic constraints – such as neighborhood imams and school teachers instead of physicians and other elites.

The comic strip below, published in Milliyet Daily in 1986, I think depicts this dynamic very well. Although there were no collective response to the family planning

advocacy by its “target” audiences, it is one of the most succinct representations of the upper-class sentiment about family planning with regards to lower-class families:



Picture 7: “It is all your fault Cemal Efendi! You had too many children and bankrupted the country!”

Source: 27th March 1986, Milliyet Daily, p.9 (*Milliyet Daily* 1986b)

In the picture, we see a very fat man scolding a lower-class father with multiple children who looks apprehensive and embarrassed. The fat man is a businessman - politician of sorts, and says “It is all your fault Cemal Efendi (Mr.Cemal)! You had too many children and bankrupted the country!” The point of the caricature, adoption of family planning by businessmen and other elites is ironic for a very important reason. While many politicians and businessmen did indeed believe high fertility was keeping Turkey from developing, the Turkish economy actually took the biggest hit as a result of the import substitution industrialization and protectionism that had made Koc and other businesses big conglomerates since the 1960s. Through 1960s to 1980s, national businesses which manufactured subpar products (such as household items) were heavily

subsidized by the state, and had provided big profits to big business owners with great profits while having an extreme dependency on imported intermediate goods which could be financed by a controlled exchange rate. Subsidies to national business and funding foreign intermediate goods through an artificially low currency rate were in reality some of the most decisive factors underlying the economic crises of 1970s and exorbitant foreign debt the Turkish government had accumulated in the past two decades - something that the business owners did not talk about while advocating lower fertility rates to overcome underdevelopment in Turkey. Although having more children was defined as a drain on national resources which could have been used for development, the children in question actually got a miniscule portion of the wealth which had accumulated throughout the 1960s and 1970s in Turkey.

In addition to their disparaging attitude towards lower class families, this historical fact (which was probably obvious to both sides) constituted one of the numerous reasons why elites could not bridge the gap between themselves and the families they set out to “educate” and make a considerable impact in changing birth control practices in Turkey. Not only the space between groups were too vast and the power dynamics were too skewed, but the lower-classes did not necessarily trust professionals (including those working for the state) and philanthropists enough to seek guidance from them. Some believed elites looked down on them, and throughout the decades they were given more than ample reason to think so. As a result, when they wanted to adopt birth control, most lower class, rural or recently urbanized families opted for the traditional method (withdrawal) rather than start using modern contraceptives.

Although lower class families who now lived in cities did eventually lower birthrates and adopt birth control, they still preferred a method that was long and widely practiced regardless of the existence and promotion of modern contraceptives. Similarly, despite the national campaigns and local projects carried out by NGOs and state institutions on family planning, neighborhood imams and school teachers were found to be more influential on a larger group of families than health professionals (*Milliyet Daily* 1982a). Lower-class families preferred to approach local “authorities” or local “elites” when seeking birth control information than those far removed from themselves. The continuing popularity of withdrawal as well as the lack of participation in the adoption of modern contraceptives by families with many children in that sense also demonstrated how these families either disregarded or countered the “enlightened/modern” authority borne by those higher than them in the socioeconomic hierarchy.

d. Eastern Anatolia’s Fertility “Problem”: Ethnicity and Family Planning

Another dimension of the family planning debate during the 1980s was the fertility trends of Kurdish families becoming a point of “concern” for elites and the military. While the existence of an ethnic Kurdish population of Turkey has always been implicitly acknowledged (while being explicitly avoided or prosecuted), Kurdish fertility levels became more of an open point of discussion following the second family planning initiative during the 1980s, and especially with the rise of ethnic conflict in Eastern Turkey during early 1990s, and increasing Kurdish immigration to cities such as Istanbul and Ankara. In other words, increasing visibility of (mostly lower class) Kurdish families

who either fled from the destruction of the conflict, and the continuation of the bloody conflict not only fit right in with the existing woes of elites with regards to lower class family planning, but also made Kurdish fertility suspect for the military and nationalists alike.

At the same time when Kurdish fertility became a “problem”, however, it was overlooked that fertility among Kurdish families – particularly those who immigrated to cities - were actually in decline. In fact, fertility rates among Kurdish citizens have fallen sharp and faster than in other groups but they did start from a higher fertility rate and ended up slightly on a higher rate in Turkey. It has also been argued the pace of fertility transition among the Turkish population and Kurdish population in Turkey follow different timelines, and that Turks and Kurds constitute different demographic regimes although fertility has been declining in both cases (Koc, Hancioglu, and Cavlin 2008; Yavuz 2006). Although the Hacettepe Surveys have consistently showed fertility levels differed between (South)Eastern Anatolia and the rest of Turkey since the first survey of 1963, the differences have become politically relevant specifically with the start of the ethnic conflict in Eastern Turkey (Hacettepe Institute of Population Studies 2008b). However, despite the continuous “threat” of Kurdish fertility, the fall in the fertility rate among the Kurdish citizens have actually been faster and sharper than those in other groups since 1983.

Ethnic biases in family planning becoming more visible not only further politicized what family planning meant in Turkey but also created an environment of distrust between the two sides – it was not only some Turkish people being “threatened”

but also Kurdish people as well. In other words, the mutual distrust between Turkish and Kurdish groups made family planning advocacy suspect. On the one hand, it was argued that PKK advised Kurds in Eastern provinces not to allow their daughters to marry ethnic Turks, or adopt family planning as the state suggested (*Milliyet Daily* 1993b). On the other hand, fertility levels among Kurdish families were known to be historically and continuously higher, which was considered by some to be a political threat for the ethnically Turkish identity of the state. The existing mistrust thus peaked during this period of violent conflict, especially after the National Security Council (NSC) report underlining the “critical” need for disseminating the word on family planning in majority-Kurdish regions became news in 1994 (*Milliyet Daily* 1994d). A similar NSC report in 1996 also stated that the fertility rates in the Eastern regions were higher than others, and that this could become a threat in the long run in the case of the Kurdish population exceeding the Turks in the region. Furthermore, the report argued the Kurdish population would constitute 40% of the whole population in Turkey by 2010, and would exceed 50% by 2025, which would mean “strengthening of Kurdish nationalism and grave results in the case of increase in Parliament seats” (*Milliyet Daily* 1996b). Accordingly, the report suggested a family planning initiative and incentives for low fertility to be imperative in the region (*Milliyet Daily* 1996b). Although some vocal criticism emerged after the 1996 report was leaked (*Milliyet Daily* 1996c; *Milliyet Daily* 1997), it did not only expose some of the considerations behind military’s support for family planning, but also justified the distrust Kurdish citizens had had towards state initiatives to lower fertility levels. At around the same time, female patients in a number of Southeastern regions

were also reported to decline IUD insertions reasoning that it was a listening device used by the Turkish state, or vaccinations for children fearing sterilization (*Milliyet Daily* 1995a). In other words, while Turkish nationalists were afraid Kurdish people wanted to make them the minority in an environment where ethnic conflict took many lives, the Kurdish families were scared of the state from which they had seen not only alienation but also violence.

It is also important to note that the Kurdish dimension of the family planning policy and commentary in Turkey has not only been confined to strategic calculations. The image of the “Kurdish family” and the “Kurdish man” have played a consistent role in delineating “what was wrong” with Turkish birth control practices, particularly during the 1990s. For one, if a big family with at least more than 10 children made the news, it was also highly likely that they were defined as “immigrants from Eastern Turkey” (a synonym for “Kurdish” which was not a welcome identification under the implied ethnic homogeneity of the “Turkish” state and society) somewhere along the article. Two examples below are in that sense good representations of “Kurdish fertility” pieces during the 1990s⁷²:

⁷² The last two articles are dated 2000 and 2001, but I included them here because they are a continuation of the same discursive trend with regards to Kurdish fertility.



Source: Milliyet Daily, December 20th 1990, p.3

Article 1 (photo above):

Here is the Population Bomb: 4 runaway brides, 8 wives, 48 children.

The 57-people family living under a vast nylon tent in Antalya depict a picture of “massive misery”. The 48 year old father, X, trying to make a living by doing temporary jobs such as construction work and day labor, and living with his 8 wives and 48 children have lost his house in the slums after the municipality demolished it. The massive family from Southeastern Anatolia then took refuge in a nylon tent. After constant strife after X was not able to find a job, four of his wives left him. X, whose oldest child is 30 and youngest is 6 months old, says “This is our situation. We will die from starvation. Most of my younger children are sick. Please take pity on us.” When asked about family planning however, in spite of the condition he is in with 48 children and 8 wives X says “Having many children is good. Having a big family is good” (*Milliyet Daily* 1990b).

Article 2:

Should We Laugh or Cry?: There is complete ignorance with regards to birth control. Maternal and Infant Health and Family Planning physician Ms.Dr, summed up her observations from Eastern Turkey:

“Most families oppose birth control thinking it is a sin. Women want their IUDs to be taken out during Ramadan thinking it would break the fast. After Ramadan they come [to the clinic] pregnant and have an abortion. From their point of view, the IUD is a sin for 30 days whereas abortion is only one.

Men who go abroad force their wives to have their IUDs removed as a caution against adultery [which leads to] impregnating their wives. Some women use the birth control pills for their gardens as a fertilizer. Some even asks us whether we can prescribe birth control to use for their flowers.

Many women who do not want to have abortions put aspirin tablets or place a bird feather in their wombs, carry heavy loads or jump from the roof.

Education is not a solution for the ignorance on birth control either. We perform almost 20 abortions everyday. Most of these is for college girls” (*Milliyet Daily* 1994b)



Article 3 (photo above):

32 Children For One Hamza: Hamza Yıldız, who lives in Diyarbakir's Alatosun village in Cinar county and who is known as a “sheik” in the region had 4 wives, 32 children and 105 grandchildren. 70 year-old Hamza Yıldız opposes family planning and asks “Who would work in the fields and tend the animals if not my children and grandchildren?” He has 5 children from his most recent wife. His youngest daughter Gullistan is the same age as his granddaughter Binevs (*Milliyet Daily* 1993c).

Picture 8 (below): The man in the pictures, Mehmet Aslan, made the news twice in two years during 2000 and 2001 for having 56 children. Although it is not explicitly

stated that he is Kurdish, both articles make the point of him living in Diyarbakir, the biggest Kurdish city in Eastern Anatolia (*Milliyet Daily* 2000; *Milliyet Daily* 2001a).



Sources: *Milliyet Daily*, October 27th 2000, p.4 and May 19th 2001, p.30)

Where Have You Been? (above, left): Mr. Mehmet planned too late. Mehmet Arslan, who has a total of 54 children asked upon seeing the condom: “What is this?” Diyarbakir City Health Office teams go from home to home to spread the word about how to get protected and the benefits of family planning. The “enlightenment” squad have come to Bismil village of Diyarbakir to air videos and distribute condoms. Convinced At Last – Mehmet Arslan who has 4 wives and 54 children gets the most attention in the village. After examining the condom given to him for a while, Arslan asks the question “What is this?” Answering to his question in bewilderment, he is told “This will prevent you having too many children. It doesn’t pose any dangers to health.”

Stating that it is the first time he has seen something like this, Arslan argues he wouldn’t have this many children if he had done planning.

Arslan came to his senses late. In light of his experience he advises young people this: “Don’t have too many children.” (*Milliyet Daily* 2000)

Father for the 56th Time! (above, right): He couldn’t keep his promise. Resident of the Bismil village in Diyarbakir, Mehmet Arslan, who was informed about family planning 10 month ago when he had 55 children became a father for the 56th time. Nicknamed “Hamo Aga”, Mehmet Arslan has 56 children from his 4 wives.

Arslan said he no longer gets anxious for having children. Stating that he has been affected by the economic crisis and started having financial problems argued his expenses per month is 1500 TL. Arslan said “The health teams gave me this rubber 10 months ago. I say enough but my wives don’t accept that.” (*Milliyet Daily* 2001a)

As can be observed by these pieces, and like most others with regards to Kurdish fertility, participation of Kurdish families or individuals were either indirect, or directly expressive of helplessness or (comedic) ignorance. They were mostly “informative” pieces that are aimed to provide the audience with the knowledge to create an imagery or judgement on Kurdish families, fertility, and masculinity - none of which was particularly flattering. According to the picture depicted by such news coverage, Kurdish families were always extraordinarily large, overwhelmingly poor, and amusingly uninformed on birth control methods. Similarly, Kurdish men in these accounts were of two main sorts: the rich ones as caricatures of masculinity that were pompous but ignorant, patriarchal but archaic, appalling but funny, and the poor ones as masculine but helpless, ignorant, and pitiful. Between the news of Kurdish men who have multiple wives and numerous children who are desolate, and who are well-off, the point was almost always the same: Kurdish people reproduce too much. They reproduce too much because they are ignorant and backwards (or, politically-motivated for a Kurdish nationalist cause). They are behind the modern Turkish ideal which we should strive for in order not to be ridiculed or pitied.

But apart from their discursive and cultural impact, such imageries also played an important political role as well. For one, such generalizations made it possible to overlook the structural inequalities and asymmetries not necessarily between ethnic groups, but between geographical regions in Turkey. As Him and Hoşgör (2011) point out, ethnic differences in Turkey overlap with regional, socioeconomic and educational inequalities in that a bigger majority of Kurdish citizens live in socioeconomically less-

developed parts of Turkey where living conditions are harsher and educational opportunities fewer. And although Yavuz (2006) finds that fertility levels between Kurdish and Turkish women residing within the Eastern regions in Turkey still have some difference (4.72 to 2.28 respectively), the determinants of fertility preferences lie way beyond and are much more complicated than the particular ethnic belonging of families. The socioeconomic differences between Turkish regions in that sense made a considerable difference with regards to fertility preferences, especially given that even state investment in the region had been very meager until the Southeastern Anatolia Project of the late 1990s. The infrastructural, educational and industrial backbone as well as healthcare accessibility in the eastern and southeastern regions of Anatolia had always known to be almost inexistent, which meant economic underdevelopment and sociocultural isolation from more central parts of Turkey. However, while this can be considered a decisive influence on fertility trends, the rationale underlying the Kurdish imageries of family planning instead singled out personal ethnic characteristics as a primordial, unalterable explanation⁷³.

⁷³ Here I think the distinction Gusfield (1981) makes between policies that target “actions” and those target “individuals” is very applicable. He argues that policies which justify themselves through identities or individuals consider whatever is the “problem” to be both endemic and almost unalterable, a personal failing or mistake of one’s own, whereas policies which problematize “practices” offer more alternatives and a less dogmatic perspective. He uses “drunk driving” as an example and distinguishes between policies which target the “drunk driver” as a faulty member of the society that should be punished and disciplined instead of targeting the practice of “drunk driving”. The first approach is rather primordial, timeless and hence unchangeable whereas the second is somewhat more (if not completely) open to considering the complexity of a practice for those who engage in it. In a sense there is a lot of similarity between the “ignorant, uncivilized” woman in Turkey and Gusfield’s (1981) “drunken driver” - when the bureaucrats, professionals and upper-class philanthropists got involved in family planning provision they defined their goals through “identities” rather than actions. Just like Gusfield (1981) demonstrates the question becoming the “drunken driver” instead of drinking and driving, the question for Turkey became the people rather than the action. The problem was the ignorant who trusted God to give them as much children as they can take care of rather than the structural conditions that disabled people from accessing services, immigrating to

Secondly, through these imageries, it also became easier to justify advocating family planning among Kurdish families and in Eastern Turkey. For many who argued for the necessity of family planning in Turkey, interventions such as “birth control education” were justified through the “ignorance”, the “backwardness”, and the patriarchal practices assumed among the Eastern families. Family planning in this sense would be a good thing for the region not only with regards to economic development but also in terms of cultural development, if only the message could get across Kurdish men like Hamo Aga through efforts by “modern” health teams⁷⁴.

III. Conclusion

Three years after legalization of abortion in Turkey, it was estimated that over a million procedures had taken place until 1987 (*Milliyet Daily* 1987). While this was taken as a sign of yet another failure of the national family planning initiative, it also meant how common abortion was in Turkey as a birth control method. In fact, public health

cities, and such. In other words, defining the population “problem” through ignorance of women allowed them to overlook the infrastructural, economic, educational insufficiencies that people faced day to day. Not only people could want to have more children but they lived with daily realities which made it logical or inevitable for them to carry more pregnancies to term, including high child mortality, lack of access to services in remote areas as well as a distrust in the state.

⁷⁴ However, while the racist, discriminatory and belittling nature of the Kurdish imageries within the family planning debate cannot be justified, it should not also be overlooked that women in Eastern or other remote areas of Turkey did experience great discrimination and despair as well. In other words, exposing and fighting the racism and discriminatory tone of the discourse on Kurdish fertility in itself that does not do away with the gendered asymmetries rampant in the region. Polygamy, familial restrictions on education for girls, marrying underage girls with (at times much) older men, and an overall environment of insecurity for women as either daughters or wives has been the reality many women in further reaches of Turkey have lived. And the prevalence of very early marriages for girls relative to the other regions of Turkey also factored into the high fertility levels in the region. In that sense, I think criticism with regards to gender discrimination in Eastern Anatolia is justified. On the other hand, however, much of this criticism with regards to gender discrimination and violence against women is also fitting for the rest of Turkey, and for ethnically Turkish families as well. Although practices might vary in content and magnitude, ethnic belonging is not a determinant of violence against women in Turkey (or any other place for that matter.)

institutions had come to have so much abortion patients that the service had become routine much to the dismay of women who went to public hospitals. This is because faced with high demand and lacking in both financing and infrastructure public hospitals started providing abortions in almost like a “conveyor belt” manner usually with no anesthesia or after care for women. For women who could only afford public health services this meant not only being offered poor care as one out of many in the queue, but also physical pain – another reason why upper class women never sought abortions outside private practices. As the abortion provision became more routine in public hospitals, the less it seemed as something women, and especially lower-class women, had any authority over how to get it, and be provided with adequate care and respect as patients. And while abortion was legally accessible by 1984, it was not understood as a service women could rightfully ask for, but a solution that they alone had to literally suffer through for birth control purposes.

While contraceptive use estimates were lower than policy targets (although they had risen and continued to rise), it would be inaccurate to judge the family planning initiative of the 1980s as a policy success or failure. This is because legalization of abortion, and the new birth control initiative defined how abortion and fertility were to be understood in Turkey for the coming two decades as well as the class and gender distinctions that were relevant to reproductive practices. Above all, abortion was never defined as a reproductive right, but as a last resort tool that would help curb lower class fertility while secondarily lowering the gross maternal death cases. The women who sought abortion services within the socioeconomic structures they negotiated with also used it more as a practical tool than a political one. Legalizing abortion “under state

control” also made it very clear under what circumstances this was to be a legitimate procedure, and how its meaning would be constrained within a scientific, physiological and economic framework. This, as a result, not only obscured any other social or rights-based understanding of abortion but also concealed the long tradition of abortion practice among upper class women. The answer of who “needed” abortion services and who constituted abortion patients in state hospitals justified the legalization of abortion and the family planning initiative. From the point of view of the military and civilian policymakers, lower class families needed to lower fertility - and they did so in the end, but not because the state said so but because of concrete economic conditions they faced within urban economies. The reach of the official channels and elite philanthropic efforts were much less influential in changing contraceptive practices than local authorities and communities which also demonstrated the chasm between lower class families and the elites advocates of family planning.

The “need” for legal abortion and reducing fertility rates that drove the second family planning initiative also created its own classed and gendered policy recipients. The recently urbanized, lower class women were a continuation of the desolate Anatolian mother of the 1960s but garnering much less pity and respect. Ignorance, civilization, modernity and scientific knowledge continued to be key phrases and discursive parameters of class differences, and differential fertility became even a bigger concern for policymakers as ethnic conflict, urbanization, and unemployment grew throughout the 1970s through 1990s. The effect of policy changes in that sense were not only legal and institutional, but also discursive and cultural. A reviving of the family planning policy in

Turkey further defined and solidified the gendered, classed and ethnic asymmetries between individuals and families, and bolstered an ethnically-homogeneous, modernist, scientific, “civilized” Turkish ideal while further isolating some of its own. Especially because safe abortion had already been relatively accessible in Turkey even before its legalization, it would not be a stretch to say the discursive effect of the new family planning policy was actually as significant as the legal changes it brought.

Roberts (1997, 6) argues “reproductive freedom is a matter of social justice, not an individual choice.” Even when defined as such, the socioeconomic and gendered differences that the second family planning initiative in Turkey erected itself upon signaled there were very little (if any) freedoms to be had with this policy change. However, the coming decade (2000s) will introduce questions to the priors of family planning policy with the help of both conservative groups like AK Party as well as the feminist groups that emerged in Turkey as active political participants. While AK Party as the governing power will completely haul any calls for reducing fertility among lower class families, feminist groups will introduce a rights framework to the debate over reproductive services. And while abortion had been relatively accessible in Turkey before its legalization in 1983, the 2000s will see practical limitations of access to abortion despite its legal status, flipping the discord between legal status and social practice the other way around.

Chapter V

2000s and the Remaking of Reproductive Policy in AK Party Period

I. Introduction: Rise of Opposition to Family Planning and Right Wing Politics in Turkey

The second family planning initiative and legalization of abortion as a medical last resort tool for birth control succeeded to depoliticize the issue by ending the debate over abortion in a way which excluded rights-based or other alternative definitions of abortion from the discussion. In consequence, legal abortion stayed under the radar as a birth control method as well as a tool to concealing sexual transgressions, especially for single women for over two decades. At the same time, however, while this inconspicuous character of abortion both made abortion a viable tool for birth control and sexual transgressions, it also concealed the larger patriarchal norms it was founded upon – namely that it had never become a matter of reproductive autonomy for women or a service women could demand on their own rights. However when the AK Party government in 2012 tried to restrict abortion access, the invisibility cloak surrounding abortion (probably to the displeasure of the government itself) effectively disappeared – which then put abortion in the middle of the political debate probably for the first time to such an extent in Turkey, bringing both anti-abortion and rights-based claims to the fore.

In fact, contention over family planning had started before 2012. During the 1990s and 2000s, the discussion over family planning gained an actual opposition for the first time with the emergence of conservative and Islamist parties in the Turkish political

landscape. The right-wing Islamist parties had traditionally been opponents of family planning since the 1970s, but their rise to national power during the 1990s also meant the emergence of a considerable voice opposing family planning.⁷⁵ (In fact, the future leader of Ak Party, Recep Tayyip Erdogan was one of these new voices elected from the conservative Welfare Party as the Istanbul Metropolitan Municipality Mayor between 1994 and 1998.) What the Islamist politicians were saying and doing during this time became matters of both surveillance and scrutiny, and when the vocal opposition of the Welfare Party to family planning (as a beacon of modern Turkey) became national news, it garnered attention from both the media and the public. In fact, mainstream newspaper articles such as those in *Milliyet* and *Hurriyet Daily* about how many children Welfare Party representatives in that sense had tones of both threat and derision. Occupying one of the most important political offices in Turkey as the mayor of Istanbul, Erdogan's outspoken dislike for family planning was particularly attention grabbing for many (*Milliyet Daily* 1995b; *Milliyet Daily* 1998).

Inclusion of conservative political groups to the family planning discussion proved important not only because it posed a considerably visible counter-argument on

⁷⁵ Indeed, there had been opponents of family planning in Turkey before, both in the right and left of the political spectrum for different reasons. In fact, both right and left-wing opponents of family planning opposed family planning as a foreign intervention with a destructive agenda throughout the 1960s and 1970s. But the Islamist political groups proved to be the most organized opponents of family planning that actually rose to national power and actually affected national discourse on family planning in the coming decades. However, the visibility of Welfare Party opposition to family planning (or any other state program supported by elite professionals) was further fortified by their identification as an Islamist group. However, this visibility was neither unique to nor limited with the issue of family planning for the Islamists. The rise of political Islam in Turkey after the 1980 coup (with the implicit state and military support for Islamist groups as adversaries of leftist organizations during late 1970s and through 1980s), and the emergence of Welfare Party to national power during the 1990s flamed the suspicion and panic over what such political prominence of religion would mean for the secular Republic, and caused concern for Republican spectators on every matter from education to gender equality to family planning.

the topic, but also because the cadre who opposed family planning the most, including Recep Tayyip Erdogan, rose to dominate Turkish politics for more than a decade after 2002. And while the influence of Welfare Party, or more conservative groups, stayed limited to mayoral and municipal services (for example waivers and deductions on water bills for families with more children) during the 1990s, the institutional and discursive power of this new approach to family planning became more tangible on a national scale during the 2000s. Municipalities governed by the Welfare Party quickly started to terminate plans for further expenses and infrastructure building for local family planning services starting in the mid-1990s⁷⁶ which signalled the constrictions on a national level with the AK Party rule.

II. The AK Party Period and Policy Reforms in Turkey

What followed the turbulent 1990s with internal conflict, continuous political instability due to failing political coalitions, early elections, and numerous corruption scandals in Turkey has been a relatively stabile period of consecutive AK Party governments since 2002. The reproductive policy debate also got reignited during the AK Party period. Partly because Turkey itself was going through changes, and partly because the definition of reproductive “rights” and “autonomy” evolved over time in Turkey, this new debate on reproductive politics has been both a continuation and mutation of the previous periods. The discursive as well as policy changes brought forward by the

⁷⁶ What I am referring to here is the termination of the maternal and infant health hospital planned to be built in the Fatih neighborhood (a stronghold of Welfare Party, and afterwards AK Party) by the Koc Group and TAPV in 1994 (*Milliyet Daily* 1994c).

consecutive AK Party governments have been critical in that they have been exceptionally influential on the fate of reproductive discourse and policy. It was not only because consecutive AK Party governments ran the government as a single party for the past decade in Turkey, but also because there has been significant shifts in health care and social policies which also brought forth a complete reversal of the relationship between economy, family planning and politics. First of all, unlike the bureaucrat elites of 1960s and the military government of the 1980 coup, the AK Party governments actually renounced the need for family planning in Turkey. In fact, Erdogan had been a strong opponent of family planning since his days as the mayor of Istanbul in the 1990s, citing family planning “a foreign plot” and destructive intervention by external powers. Granted, his was not a new point of view. Opposition to family planning had existed both on the left and right wings of Turkish politics since the 1960s. However it was the first time when a government with a particularly strong hand was this explicitly against the previous anti-natalist policy. Although it was known that most other center-right governments (including Turgut Ozal governments of 1983 and 1987, at a point in time when the family planning was very much in vogue) were tacitly dismissive or unwilling to make an effort to implement family planning goals properly, opposition to family planning and encouragement for increasing fertility was never as boldly displayed and translated into policy implementation as it has been done by the AK Party governments.

Another reason why the AK Party period has been particularly influential on individuals and families is the changes in economy and welfare policies that have taken place since 2002. For one, AK Party period has been characterized by “privatization on a

massive scale” (Öniş 2012, 141) but also with various redistributive policies. Within a global liquidity environment, AK Party governments could utilize both formal and informal redistributive tools to both provide some stop-gaps to groups who would be affected by the increasing privatization, and be able to do so without a boom-bust economic cycle or borrowing from IMF (Öniş 2012). The period also meant more support given to a new kind of entrepreneurial class made up of Anatolian business elites unlike the previous periods where urban business elites of Western cities took to biggest chunk of state support. Overall, a growing economy with a rising new economic elite and new redistributive schemes to offer lower classes (through informal networks as well as formal policies), supported by a relatively solvent global conjecture and political stability meant Turkey has had a very different decade during the 2000s than it had had during the 1990s.

The new redistributive scheme also meant change in social welfare policies under the AK Party government, and these changes had multiple contradictory and gendered consequences. Most importantly, social welfare institutions were restructured in that the three separate institutions providing social welfare to different segments of the society until then were assembled under one roof in 2006⁷⁷, and universal health coverage was

⁷⁷ The previous Turkish welfare system was a multi-fragmented, corporatist one which provided health and pension benefits to those formally employed and their dependents, and was separated into three umbrella institutions for different employment statuses: The Social Insurance Institution for workers, the Retirement Fund for civil servant and the Bag-Kur for the self-employed (Kılıç 2008). However, while providing benefits to those formally employed, since because the system was underdeveloped and under-funded, and because informal and undocumented employment as well as unpaid family work has been extensive in Turkey, the social welfare system has been inadequate to cover most of those who needed access to social assistance in the first place (Kılıç 2010). For that reason, care and social assistance has historically depended on family solidarity, patron-client relationships with local power holders (Buğra and Keyder 2006), and particularly unpaid female labor as caregivers to the young and the elderly. In other words, the

provided to all children under the age of 18. On the other hand, however, the reform not only took away programs such as healthcare for female children over the age of 18 as dependents, and solidified further the position of women as unpaid caregivers in families. The reform made the social welfare system more individualistic while maintaining (if not strengthening) the centrality of the family for making up for its inadequacies at the same time. Particularly, care for the young, elderly and in need of continuous assistance was where the state “shared” responsibility with families – where women are most often the only caregiver. In other words, state responsibility for social welfare has been transferred in a significant way to the family which indicated dependence on female unpaid care work will not subside any time soon (Kılıç 2010; Buğra and Yakut-Cakar 2010).

In addition to the changes in social welfare policy, an extensive health sector reform took place in the past decade in Turkey as well. In fact, the social welfare and health reforms went hand in hand in that they were both aimed to increase coverage and efficiency, and to improve access while controlling costs. Parallel with the social welfare reform, AK Party targeted to change the redistributive schemes and terminate inequalities

previous system depended heavily on the family to make up for the inadequacies of the social welfare institutions. However this also meant the previous structure in its familialist nature offered more benefits to women as wives and daughters such as health coverage as dependents and pensions to disabled daughters and daughters of deceased fathers. The new system is more individualistic, however it is similar to the old one in that it depends heavily on the family to make up for its inadequacies, particularly with regards to care. It neutralized some gender disparities in that now all disabled children regardless of gender are eligible for assistance, and all children under 18 are provided health coverage by the state. Furthermore, the Green Card scheme for lower-income individuals provides much bigger health coverage to those individuals who were not covered before, although it is estimated that 36% of the population is still not covered at all (Kılıç 2010). On the other hand, however, termination of the previous social programs such as health care for dependent female children over the age of 18, and increase of the minimum retirement age to 65 for both men and women have been criticized since female employment levels are quite low in Turkey, that most women above the age of 18 are not in an economic position to pay into the contributory scheme in order to be covered, and that given the lack of institutionalized care most women are the primary caregivers in families regardless of their employment status (Kılıç 2010).

across classes and across geographical regions with regards to access to health care with this reform⁷⁸. The reform kept the previous means-tested scheme for enabling individuals under the poverty line to access health care, but expanded it to the same facilities and benefit packages as the other insured as well. At the same time, the Turkish health care system privatized to an unprecedented extent as the reform aimed to boost private health care alternatives and cutting state expenses on health care provision at the same time. The primary changes the reform brought were thus geared towards accessibility on both public and private levels, which installed assigned “family doctors” who are paid not by salary but on a performance system. In other words, private health care incentives and expansion of access to public health care went hand in hand while taking the load off the state by making the insured pay in and make the private health sector to make up for the difference for those who want to (and could) pay. In consequence private hospitals and clinics soared under the reform more than ever before in Turkey, and the introduction of the performance system furthered commercialization of health care on a “piecemeal” base. Thus, with the reform the Turkish health care system both widened for certain groups, and started resembling a more commodified system where patients are consumers and clients of healthcare services and health professionals are human resources (Austveg 2011, 30).

⁷⁸ I use “theoretically” in light of the critique made on the reform by one of the very few scholars who work on the issue of health policy in Turkey, Tuba Agartan (2012) She argues while the Turkish Statistical Institute data indicates health insurance coverage increased from 67.2% in 2002 to 96% in 2010, it is still unclear whether “categorically included” individuals (especially women) can actually pay the contribution share they need to pay in to receive health services. Furthermore, given those who are employed informally (which particularly means women employees) and seasonal agricultural workers are excluded from the system, it is not likely that the health care reform widened coverage specifically for women significantly (Agartan 2012)

On the other hand, the gendered impact of the healthcare reform, especially with regards to how it affected access to reproductive services has been at best vague (see, Agartan 2012). For one, the reform put women in a more disadvantageous position in that there are gaps in coverage, especially for people who do not pay in the system with premiums and user fees for non-emergency health services - which are sought by women more often than men (Agartan 2012). Secondly, while the AK Party governments replaced “birth control” with “reproductive health”, and added programs such as winter guest house project for pregnant women in remote areas, access to free reproductive services and especially birth control has been terminated in practice. In fact, while IUDs and birth control pills were free of charge in the previous decades, now families need to pay for them as well as for the insertion for the IUDs. Several things makes this change an especially important one in Turkey. For one, public health institutions have played a decisive role in providing access to contraceptives to middle to lower class families in Turkey in the past three decades where fertility has gone down in Turkey. During this period, public health institutions have actually been primary provider of accessible family planning services in Turkey. Especially after 1983, the role of public health institutions that provided free birth control tools through family planning clinics have been crucial for most middle class Turkish families for easing access to contraception. Even by 2008, 78% of all IUDs and 36% of all birth control pills used by Turkish families were provided by state hospitals, clinics and health centers, usually free of charge (Hacettepe Institute of Population Studies 2008a). That contraceptives are no longer as easily accessible for families who need the most help obtaining them is a significant change in

Turkish reproductive policy. While the change is too recent to say precisely how much or whether it will cause a shift in fertility levels, it is nevertheless a policy change that would affect families who have used public health institutions to obtain contraceptives.

The factor that makes this recent policy reversal possibly even more impactful is that access to contraception has been insufficient in Turkey even with the help of public health institutions. According to Hacettepe Institute of Population Reports reports covering the past five decades, Turkish families have consistently reported a desire to limit births further but did not use or have access to contraceptive methods or information on birth control. In other words, it appears that access to contraception in Turkey has historically been insufficient – at least with regards to enabling all families who wish to have fewer children to be able to do so. Thus, even before the reversal of the birth control provision, the reach of public institutions was critically important, and still insufficient to cover all families who wanted to limit births. With the new policy it is likely that access to contraceptives will become even less adequate, especially for families who actually need better access to contraceptives in the first place.

a. More Secure In Theory, Not Much So In Practice: Women in Turkey in the Aughts

The AK Party period was also eventful in terms of gender equality. This was not only because women were impacted significantly by the changes in social welfare policies and the health care reform but also because of egalitarian changes in civil law, the de facto termination of the headscarf ban, increase in the visibility and voice of

feminist and women's groups, and the continuous drop in female employment during this period⁷⁹. At the same time, feminists have had continuous disagreement with the consecutive AK Party governments. The AK Party proposal to criminalize adultery in 2004, the continuous statements by government officials about chastity, morality, femininity, and civil law reform were the primary issues of contention between feminists and the government even before the abortion debate. In other words by 2014, AK Party had alienated numerous groups of women with its treatment of women and gender issues. At the same time this did not mean the government alienated women across the board. In fact, groups of women have staunchly supported AK Party, and Erdogan in particular throughout the three elections⁸⁰.

With regards to women who have been critical of the AK Party government, however, the last decade has been one of increasing traditionalism and violence against women. Even before the abortion debacle of 2012, there had been numerous contentions

⁷⁹ The 2000s were a peculiar decade for women's employment in that urban employment remained lower than in the rural areas, and while fertility consistently dropped. This actually dropped female unemployment in Turkey way below other OECD regions, including the ones which had comparable rates in the previous decades. Bugra and Yakut-Cakar's (2010) explanation is that industrial employment and growth of employment in services did not compensate for deruralization for women and the subsectors of service sector jobs that are more likely to employ women (business and social services) only had a minor shares in the overall service sector in Turkey. Furthermore, privatization that sped up after 1990s and closing of state enterprises had a bigger impact on female employment than male employment. As a result, the male breadwinner model has survived in Turkey to a good degree even in cases where poverty could increase women's labor force participation in order to maintain family income (Bugra and Yakut-Cakar, 2010)

⁸⁰ As a matter of fact, there are many female AK Party supporters, and understandably so. For one, AK Party governments broke the taboo and social stigma over the headscarf, which had left many young women excluded from education and employment due to the headscarf ban. In addition to that, local women's groups have been some of the first supporters of AK Party, and made a huge difference in terms of their electoral success by organizing neighborhood networks. AK Party's women's branches are in that sense have been very successful in organizing for success and party loyalty, mobilizing voters, and bridging the gap between the party and citizens – usually middle to lower class families which the other parties (especially the Republican Party) had alienated for decades.

between the two camps. For one, feminists (including those who worked on the civil law reform) argued almost all that the civil law reform was done on the account of the government primarily to help initiate European Union talks (Ikkaracan 2008; Arat 2010). Furthermore, towards the end of the penal code reform process, a (later withdrawn) proposal to criminalize adultery aggravated a great many people, including feminist groups. Erdogan's own remarks about men and women being "complementary" rather than "equal" (Arat 2010), the continuous encouragement to return to the "traditional" family model with more conservative gender roles, and having at least three children did not help the strained relations either. Finally, Erdogan's statement that the government will soon criminalize abortion was the last straw for women who were already suspicious of the conservative nature of AK Party.

Admittedly, multiple legal changes concerning gender equality took place during the twelve-year AK Party rule such as the civil law reform and criminal code reform. On the one hand, such legal changes enabled women to have better ground with regards to marriage, divorce, and domestic violence. What's more, the 2000s have seen the rise of a more vocal, organized and widespread women's groups in Turkey. After a lot of effort to be included in the process, a number of feminists could actually get in the process of civil and criminal code reforms to make them more equitable for women. These groups not only worked very hard and succeeded to have an impact on the reforms but also ran nationwide campaigns to add more women to representative bodies, projects on domestic violence, and overall made their existence and resolve as women who would not be silenced about legislative issues that were crucial for gender equality.

But on the other hand, legal changes and social practices did not always coincide, and at times contradicted each other. Although women were now legally more secure, murders of women in Turkey actually increased from 66 in 2002 to 953 in 2009 (Bilefsky and Arsu 2012) and continues to increase since as well (“Erkek Şiddetinin 2014 Grafiği” [2014 Male Violence Tally] 2015). The unofficial records on violence against women figures in Turkey in light of published news, 212 women “on average” (for lack of a better term) were murdered each year by men since 2009 to 2013, with 171 incidents of rape per year, and 213 incidents of harassment per year (Alankus 2014). At the same time, it is hard to get exact numbers with regards to violence against women in Turkey since the state has ceased to publish statistics, requesting inquiries to be directed to individual police departments. In 2008 when the last nationwide survey on violence against women was carried out by Hacettepe University, it appeared that 42% of women reported lifetime physical or sexual violence, or both (Hacettepe Institute of Population Research 2008). Economic abuse of women in terms of preventing women from working or driving woman to quit her job is also rampant – 23% of married women overall (Hacettepe Institute of Population Research 2008). It is also as troubling that 49% of women who experienced violence never spoke about the incident with anybody (Hacettepe Institute of Population Research 2008). 92% of women also stated they did not apply to the police, women’s shelters, prosecutors or health institutions afterwards (Hacettepe Institute of Population Research 2008). Given the scarcity of women’s shelters in Turkey in addition to the overall unwillingness of police to take effective measures to protect a woman who experiences violence, these figures are unsurprising

but seriously depressing with regards to the increase in violence against women in the past decade.

While the recent rise in violence against women despite egalitarian changes in legal codes in Turkey is probably caused by a multitude of reasons, it is hard not to argue the patriarchal and traditionalist discourse AK Party governments and representatives have used during this period has been irrelevant to such developments. I believe the increasingly conservative discourse of AK Party, the patriarchal governance of state and families the party supported along with continuous calls to return to a more traditional familial and gender framework has been very influential for women's status in Turkey. During this period while the civil law reform and gender equality policies at long last brought women's legal status up to par with that of men, violence against women as well as the gendered social control increased. What's more, despite much publicized economic growth and "democratizing" policy changes (not to mention the simultaneous decrease in fertility) female employment fell even further in the same period. While legal rights of women increased and their standing improved on paper, what is practicable among these rights seemed to have contracted along with the rise of a more conservative Turkey where patriarchal gender hierarchies are dominant. This contradiction spread on to reproductive policies as well in that while the legal status of abortion did not change, it has actually become harder for women to obtain them. In fact, during the past decade, while abortion has been legally allowed until the 10th week of gestation, women had fewer and fewer

clinics to go to obtain abortions even before the legal 10-week limit⁸¹. AK Party's vocal opposition to abortion and family planning, and continuous encouragement of "at least three children per family" (an advice voiced by Erdogan himself repeatedly be it in wedding ceremonies or press statements) unquestionably helped this decline as well⁸². In a sense, at the time of abortion debate in 2012, patriarchal religious values had already started to become more prevalent after a decade of AK Party rule (Arat 2010). The discursive shift which followed bolstered motherhood and morality as the most important characteristics of women, but also redefined the limits of what is understood to be possible as women in Turkey.

III. Reproductive Advocacy Redefined: International Trajectory of Reproductive Politics

The last twenty years have not been full of change only for Turkey, but for the international reproductive rights/health regime as well. The neo-Malthusian doctrine

⁸¹ That less and less public institutions had been offering abortion services even until the 10th week of gestation in light of the existing law had been a point of debate since 2009, a point which feminist NGOs such as Mor Cati in Turkey and specific newspapers have been making. It has been reported that Mor Cati in 2015 called 37 public hospitals in Turkey to find only 3 of them offer abortion on demand even under 10th week, while 12 hospitals do not offer abortion services at all, and 17 offer it only under the circumstances of miscarriage, proven disability in the fetus, and threat to mother's health. Furthermore, the 2 out of 3 hospitals offering abortion services only offer it until the 8th week despite the 10th week legal limit ("Kurtaj Kanunlarda Serbest, Kamu Hastanelerinde Yasak [Abortion Is Permitted in Private Hospitals and Prohibited in Public Hospitals]" 2015). *Milliyet Daily* published another piece in 2015 stating numerous hospitals in Ankara, Istanbul and other cities either do not offer abortion services at all, or offer them on demand unless an instance of miscarriage or complication (*Milliyet Daily* 2014)

⁸² I think the repeated assertion in the part of Erdogan to "have at least three children" is more of a directive than a suggestion. While Erdogan as an individual uttering these words might not be considered powerful enough to be a directive, given the enormous influence of Erdogan as the one supreme leader of the AK Party movement, it is not a stretch to argue his statements are taken to the heart by most AK Party supporters. In fact, Erdogan's influence over his constituency is unprecedented since Mustafa Kemal - statements of both men have often been taken as decrees by both sides. In addition to the incredible fervor he has garnered from AK Party constituents, Erdogan has also been given nicknames such as "The Long Man", "The Master" - an honor and sign of devotion bestowed upon on a national scale only to the "The One Man", "Ataturk" Mustafa Kemal before him.

which had founded international population projects and national population control programs since the 1960s went through a vast shift during the 1990s and 2000s. However, this shift has proven to have caused more disadvantages for gender equality and reproductive rights compared to the advantages it brought. One of the primary positive developments on this front has been the Cairo meeting in 1994. The 1994 Cairo International Conference on Population and Development (ICPD) in fact started a process (followed by Beijing Conference in 1995 and CEDAW General Comment on women's health in 1999) which replaced the debate of "population control" with one of "reproductive rights" and "reproductive health". Such a shift was not only a victory for reproductive rights debate overall, but also for numerous women's advocacy groups who worked to build and participated in the Cairo process. The Cairo process for the first time declared reproductive rights and health as fundamental human rights, and an obligation for governments to realize. This shift also gave rise to "reproductive health" as the primary goal of international and national efforts instead of population control projects of the past.

But rise of reproductive rights and health did not come without its contradictions – which eventually led to the primacy of the "health" part over the "rights" much to the dismay of women's rights advocates. While the population control programs of the past decades had oppressed and victimized (especially poor) women in both developed and developing world, transition into reproductive health meant a depoliticization of the reproductive rights agenda. Above all, it has been the contention among most feminist scholars that sexual rights advocacy and progress in reproductive rights (separate from

reproductive health) after the Cairo process has plateaued (Berer 2011; Miller and Roseman 2011; Austveg 2011; Nowicka 2011; Ortega 2011). A significant portion of the targets have not been met, and the backlash against reproductive rights has gained momentum hand in hand with the increasing technicality and depolitical shape of what was left from the Cairo agenda under highly institutional IGO structures (Berer 2011; Ortiz Ortega 2011; Nowicka 2011; A. M. Miller and Roseman 2011; Austveg 2011). Furthermore, reproductive health as a comprehensive field of health care has been curtailed and limited to a definition of maternal health that is also too narrow. The definition maternal health has been constrained to *mothers'* health (usually for being mothers to children more than anything else) rather than covering the entirety of “maternal health” which in fact includes stillbirth, induced abortions, and miscarriages in addition to pregnancy and delivery (Austveg 2011, 28). That the primary benchmark for maternal health has become delivery by a skilled attendant points to this increasing limitation in the term. Furthermore, replacement of the “reproductive services” term by “reproductive care” has not only constrained the central goal by excluding what is considered as reproductive “services” (such as abortion), but also relieving state from its responsibility with regards to accessibility and inclusiveness (Austveg 2011).

The process since Cairo has probably been most unfavorable with regards to access to legal abortion around the world. Political trajectory of abortion rights since then has been uneven with an increase of language morality in abortion debate in most contexts (Miller and Roseman 2011). Especially with the emergence of strong anti-abortion movements around the world, acceptance of abortion rights as a human rights

saw retrenchment instead of expansion. Although the Cairo process had established reproductive “rights”, it had also compromised on abortion access in that it stated abortion should be accessible where it is legal, and women should not face morbidity where it is not (Miller and Roseman 2011). In that sense, the ICPD and the now two decades-old process following it never explicitly included access to abortion within reproductive rights, and favored negotiation on the borders of what reproductive rights and health entailed rather than risking political contestation. Although the Cairo process had been a result of political action, its program and succession favored depoliticization and institutionalization which also brought a lowest common denominator approach to what reproductive rights and health entailed. Inclusion of the World Health Organization (WHO) did not help expand the definition of reproductive rights either in that despite the studies showing safe abortion reduced maternal mortality, WHO to date only supported safe abortion provision where it is already legal (Miller and Roseman 2011).

In light of such international developments on reproductive rights, Berer (2011) and Austveg (2011) call for repoliticization of the reproductive agenda in that reproductive health and rights are not solely technical problems but those of social justice as well (Berer 2011; Austveg 2011). This trajectory of depoliticization and increasing technical nature of reproductive health also reflected on Turkish reproductive politics. Such changes in the definitions of what reproductive services/health/care meant also impacted how Turkish governments used these terms in the last decade in a critical way. While the successive AK Party governments made “reproductive health” the primary concern, they also indicated that rights, choice, and autonomy were not relevant to a

debate that was about “health” rather than “politics”. How AK Party governments handled the reproductive health issue in that sense was also very in line with the second development in the international arena on the issue - the depoliticization of the reproductive rights agenda after the 1990s.

The shape international reproductive politics took during the 1990s with regards to prioritization of reproductive health over reproductive rights fit AK Party approach to reproductive policies on several accounts. For one, prioritization of maternal health in the expense of other reproductive issues depoliticized the reproductive debate, and placed it in a “neutral”, “scientific” but at the same time constrained discursive frame. Furthermore, reproductive health becoming the priority within the international debate on reproductive policies justified AK Party replacing “family planning” with “reproductive health” as a policy goal. Focusing on reproductive health – also defined as restrictively in Turkey – also meant focusing on maternal and pregnancy health which was also compatible with increasing fertility levels in Turkey. In light of this, consecutive Ministers of Health repeatedly answered questions about the disappearance of numerous family planning initiatives by stating “family planning” has been replaced with “reproductive health” in light of recent international scientific developments. In a sense, while reproductive health became a more important as a political goal while access to reproductive services became more limited for women, including access to abortion which had been a major factor in lowering maternal mortality rates in Turkey since the 1980s.

The AK Party governments were not outliers to international developments in that as a conservative group, they also opposed abortion on demand. In that sense, it was unusual that AK Party as a conservative group turned a blind eye to the drop in legal abortion providers in Turkey or tried to criminalize abortion at one point – while at the same time supporting a depoliticized program of reproductive/maternal health. In that sense, the AK Party group was not an out of the ordinary example, but still a reactionary one in that it supported the idea that fertility reduction in Turkey was a harmful, external imposition that should be reversed. Arguing fertility reduction in Turkey was promoted by foreign powers wanting to “erase the nation from history and the world” (*Milliyet Daily* 2002), Erdogan have consistently encouraged families to have “at least three children” in public statements. From this point of view - which also became the official position of AK Party with regards to reproduction and family planning - family planning had been a foreign intervention to Turkish politics and Turkey should instead increase fertility rates to prevent the aging population dilemma a number of developed countries are currently (*Radikal Daily* 2014; *Milliyet Daily* 2012f).

However, replacement of state advocacy of family planning with reproductive health and increasing fertility levels in the last decade poses several contradictions. For one, the definition of reproductive health in the case of Turkey has been limited to maternal health for the purpose of increasing fertility. At the same time, it is hard to argue every measure that potentially improves reproductive/maternal health is inobtrusive to privacy and individual liberty, especially within the confines a pronatalist governance. One such intrusive measure to ameliorate maternal health (as stated by the government)

in Turkey has been the highly controversial patient database which records the results of pregnancy tests taken in health institutions along with the personal information of patients who have taken them. The database named GEBLIZ (“Pregnancy, Baby, Maternity Monitoring System” – “Gebe Bebek Lohusa Izleme Sistemi”) has been in place since 2008 in Turkey and it has expanded to most state hospitals⁸³. The official goal given for creating the database was to monitor pregnancies in order to assist women in getting prenatal care, help with infant mortality, increase vaccination trends – and providing these services especially for lower-class families. At the same time, however, because the system requires family physicians to inform the family of the woman who has taken a pregnancy test about the results, and tracking women who have had positive results, it is also a huge infringement on privacy and individual liberties. Furthermore, the database makes it potentially possible to track abortions – those that are within the legal time limit as well as those which are not. In a sense, within a pronatalist political framework and a society which values virginity, modesty and purity above most values for women, a database like GEBLIZ can be both helpful for women who do not otherwise

⁸³ This expansion seems to have happened despite opposition from numerous maternity hospitals to the database in that it has been argued to monitor pregnant women without their consent or could be used to track abortions. When I was visiting hospitals in Turkey (in Ankara, Istanbul and Trabzon specifically) during Summer 2013, transitioning to the database was a point of contentious resistance for numerous state maternity hospitals and numerous physicians serving in these hospitals. Of course, there are probably numerous institutional and other reasons for physicians not wanting the transition – including the fact that the database tracks the efficiency of physicians for the purposes of the database as much as it tracks the patients.

have access to continuing prenatal care while at the same time being intrusive and potentially dangerous for women⁸⁴.

Although the AK Party governments seemed to be concerned about fertility levels in Turkey falling to European levels, opposition to family planning was also a moral necessity for the group. From this standpoint, family planning as a foreign intervention not only threatened to limit births in Turkey but also dismantled the family as the foundation of Turkish society. In other words, family planning was foreign not only because it was an imported policy but also because it undermined the traditional family. This is also why whenever the AK Party group, and Erdogan in particular, made statements opposing family planning, he conflated family planning not with birth control per se, but dismantling of the family. Below are two statements Erdogan made while talking about why he opposes family planning as a policy and the potential threats of adopting foreign (defined by “intellectual”) notions on family:

“If our family unit is eroding, it means we as a society is ready to crumble. This is why I insist on family. In the face of many external pressures to disintegrate the institution of family, we need to have more self-confidence, we need to devise precautions to protect it altogether. In our country what [developed nations] have realized to have happened only too late is happening right now. You should notice our country is, on the contrary, detrimentally advised to “not to give birth” under the name of population control, population planning, family planning

⁸⁴ In 2012, a “privacy option” was added to the database after widespread criticism and a number of problems with families who had been notified about daughters’ pregnancy tests. With the privacy option, it became possible not to inform the family of the patient, but the database nevertheless keeps tracking patients who opted for privacy. The privacy option has not been effective also because the personal information (name, address) of the patients are still transmitted to local health offices as well as the Ministry of Health. Health workers can also access such personal information despite patients opting for privacy (*Radikal Daily* 2012b).

... We see those we regard as intellectuals, as people who have money leaving their mothers, fathers alone in life. They put a (paid) caregiver next to them, and say “She is taking care of him/her.” The issue is not the caregiver being there. The issue is to be within under the same roof with the parents who has made him/her what (s)he is. This is our custom, tradition. But people who distance themselves from [such customs] do not know that they are leaving their parents facing very different dangers tomorrow. This is a blow to the family. Maybe my words will be criticized, but I have to say what I believe. We all watched the stories of old mothers and fathers dying and their rotting smells spreading. There is no bigger disloyalty for children than to leave them alone in their old age. We are mothers, fathers, and we can face the same loneliness tomorrow. My wife and I know the pain I feel when I am away from my children” (*Milliyet Daily* 2008c).

As I argued above, Erdogan or the AK Party group is neither the first nor the only political group to oppose family planning policies in Turkey, be it because of its foreign roots or because it threatens the family as the foundation of the Turkish society. At the same time, the AK Party standpoint and how it has affected the discourse on reproductive politics is significant in that it has been the ultimate ruling power in Turkey for the past decade. In addition to that, the arguments and values put forward by AK Party has not only been a political phenomenon, but also an immensely popular sociopolitical movement. In that sense, the discursive practices of AK Party governments have been more influential than any other political force in Republican history except that of Mustafa Kemal back in the 1920s. For that reason, what AK Party governments with regards to the public worth of the (patriarchal) family within Turkish society *and* politics enhanced its legitimacy as a ruling institution. In a sense, opposition to family planning as a return to the traditional family also indicates “which cultures have legitimacy and public domination” (“traditional”, patriarchal, familial) and which do not (“intellectual”,

“foreign”, “individualistic”) (Gusfield 1981, 178). In other words, it is possible to regard the discursive change away from family planning – including all the scientific “modernity” it was founded upon in the 1960s and 1980s – as an affirmation of a familial view of Turkish society while denouncing other social ideals as alien and unsuitable.

This discursive reversal is particularly important for the social hierarchies it also recreates. At the end of the day, family planning has been an elite, Republican ideal that put urban and upper-class families above those who were rural, newly urbanizing and lower-class. It depended on a political project that had “Western modernity and civilization” as its end goal. From this standpoint, family planning should have targeted lower-class and newly urbanized families for Turkey to reach its full potential – precisely the families AK Party came to represent in the 2000s. In other words, the AK Party group (with politicians as well as the Anatolian businesses who support it) represent a new elite that contradict many features of the previous regimes. For this reason, reversal of the family planning policy has been as discursive an act as a political one. For one, opposing family planning prioritizes a certain set of (patriarchal/traditional) social values that should be revered over the Republican elite values of the past. Second, reversing the family planning policy dismantles the socioeconomic hierarchies the family planning discourse signified in the past⁸⁵.

⁸⁵ By arguing a change of values, I do not mean to suggest the Republican reforms and values were individualistic or anti-family. On the contrary, family – and especially the role of women within families – was the central social unit throughout the entire Republican period. And although legal reforms did make changes, they made a point to never go so far as to overthrow patriarchal social structures and make women and men completely equal. What has made the AK Party period most different is that it undid the class hierarchies previous period had supported through family planning in addition to being even more conservative with regards to gender equality.

IV. The 2012 Controversy: How Abortion Became Relevant Again in Turkish Politics

In light of the discursive changes which the AK Party ignited with regards to what family planning and birth control meant in Turkey, it was inevitable that abortion would become a point of controversy. And although the abortion debate erupted on a national scale in 2012, practical and discursive changes surrounding abortion were not instantaneous. In fact, the issue of abortion had (unsuccessfully) made it to the legislative agenda as early as 2003, and the increasing limitations on abortion access had been a process rather than a momentous change. For one, as the rising star of Turkish politics, the AK Party group had already declared opposition to state support for abortion and sex change operations as one of the twelve principles of conservative democracy by 2003 (*Milliyet Daily* 2003c). The same year, revision of the new Disabilities Law also opened a somewhat limited discussion on abortion, particularly because the new policy proposal proposed to ban abortions on the ground of disability in the fetus. In this light, the 4th article of the proposal stated “In essence of the sanctity of the right to live, it is not permissible to allow abortions on the grounds of being born with a disability” (*Milliyet Daily* 2003a). At the same time a Ministry of Justice proposed a Criminal Code amendment to increase penalties for terminating a pregnancy after the 40th day of gestation with 6 months to 1 year of imprisonment (*Milliyet Daily* 2003b). However, Ministry of Health opposed this revision at the time, pointing that it was legal to obtain an abortion until the 10th week under the current law (*Milliyet Daily* 2003b).

While either of the proposals on abortion did not come to the Parliament in 2003, the back and forth between the governments and (the few) representatives who specialized in gender equality did not end there. One rare and early critic of the de facto changes in access to abortion was Adana representative Gaye Erbatur who repeatedly inquired the government to recognize the issue. In fact, her written inquiry dated 2009 to the government on the lack of accessibility to legal abortion even before the 10th week of gestation⁸⁶ foreshadows the 2012 debate in numerous ways. Most importantly, the government's response to the inquiry is indicative of the implicit disregard for problems of accessibility, and how "reproductive health" makes reproductive rights and access obsolete from the standpoint of the government. Gaye Erbatur's Written Inquiry to the Ministry of Health is as follows:

Abortion has been legal in Turkey since 1983 with the condition that it is carried out until the 10th week of pregnancy. Despite this, women have not been able to benefit from their legally protected right. This predicament is perpetuated with the government not activating the necessary control mechanisms for the use of this right which has also been recognized by international agreements. It is reported by the Birgun Daily article by Sevgim Denizalti that out of 15 state hospitals in Istanbul, only 2 offers "abortion on demand" and that "married status is not required" for the operation, and while they currently have women's health and obstetrics clinics, 7 [hospitals] stated they only provide abortion services "in instances where [maternal] health is threatened". 6 [out of 15] hospitals stated they require married status and marriage license for providing abortion services. However, there is no marriage requirement for seeking abortions in the related law. Requirement of a condition that does not have legal standing means preventing use of lawful rights. That the state hospitals require married status for abortion is a discretionary practice that contradicts the law. It is indicative of a point of view that is discriminatory towards women, and

⁸⁶ Erbatur was one of the few feminist female representatives in the Parliament, and she was active throughout her three terms on many issues concerning gender equality and women. She presented multiple inquiries to the governments on reproductive rights, family planning and abortion, being one of the first advocates against the curbing of reproductive access in Turkey in the past decade.

one that denies sexual rights of women. In the aforementioned newspaper article, the hospitals preventing women use of their rights are listed as...

... In this regard:

1. Has there been any investigations on the directors of the mentioned hospitals which are preventing women from using their legal rights? If there has not been any investigation to date, are there any plans to do so?

2. What kind of an educational scheme on women's health, health-related rights, and the related legislation is planned for Turkish hospital administrators and employees?

3. What kind of an awareness-raising campaign will be initiated for women to learn about their rights in order to have a say over their bodies? (*Turkish Grand National Assembly Account of Proceedings, 2nd Session 2009*)

Very briefly, in the written answer to the inquiry the Minister states abortion is legal until the 10th week in Turkey, and that no state hospitals which have the capacity in their obstetrics clinics to offer abortion services actually denies this service. In other words for the Ministry the legal status of abortion makes problems of accessibility inexistent, or irrelevant. Reading this question and the answer Minister of Health Akdag gives one a sense of two arguments/people speaking at one another but not particularly to each other. For one, the question about diminishing access to abortion within its legal period goes mostly unanswered. Furthermore, the question points out that hospitals which do not offer abortion services actually do contain women's health and obstetrics clinics, and which hospitals ask for a marriage license for abortions – something that is not in the law, as well as being discriminatory against single women. Requiring a marriage license is not interchangeable with requiring husband consent either. In that sense, the question is quite clear with regards to the practices of state institutions not abiding by the law, in addition to the practical redundancy of existing legal standing of abortion for women.

The written response on the other hand overlooks this discrepancy, and more or less denies the claims by arguing abortion services are offered according to the legal stipulations. According to this point of view, hospitals do not ask for marriage licenses because it is not in the law, and offer abortions when they contain an obstetrics clinic. The legal standing of abortion in this example is completely divorced from its practice, and there is no sign of acknowledgment of this contradiction at least from the standpoint of the Ministry of Health.

But this parliamentary correspondence also shows while the discrepancy between legal status and practice of abortion continues to this day, it is now turned on its head. While abortion as a birth control method was commonly practiced in Turkey before its legalization (Gursoy 1996), now the legal standing of abortion on demand until the 10th week of gestation is not sufficient to guarantee access to it, even in institutions that are supposed to offer them. In a sense the 2000s was a reversal of the pre-1983 period where abortion was practiced without much criminal repercussions despite its illegal status. In fact, the past decade saw practical restrictions to abortion access in Turkey, and the options for accessing abortion services declined despite the continuation of its legal status until the 10th week of gestation. And this did not mainly happen because of the number of (particularly state) hospitals offering abortion services decreased. It was mostly because numerous hospitals put forwards requirements that had no legal standing for having an abortion such as asking for marriage licenses.

However, most of these changes did not come to national attention before the Prime Minister Erdogan's statements on abortion in 2012. The 2012 controversy was

much bigger in scope than the brief discussion in 2003, and still left of the field. When Prime Minister Erdogan declared the government will criminalize abortion in 2012 it was quite a surprise for most people, including most of the government officials themselves. Granted, AK Party's stance on abortion and family planning was known among those who were following reproductive services in Turkey long before 2012. However when Erdogan compared a military raid to abortion in 2012 and declared "Every abortion is an Uludere⁸⁷", it appeared to most spectators that it was more of an attempt to change the agenda than more than anything else. Particularly because the government did not want to be held accountable for the major loss of Kurdish citizens of Turkey in Uludere, it was argued Erdogan tried to abate the national outcry by distracting citizens with an issue that was completely irrelevant. Erdogan also talked about limiting cesarean sections in his statements, an issue that was even more unexpected than abortion. Especially because Erdogan and other government officials argued c-sections were "used to balance the nation's population, and to make sure families cannot have more than 2 children" (*Milliyet Daily* 2012b), it was even more surprising for most that c-sections had become relevant to fertility calculations⁸⁸. Department of Religious Affairs joined the debate a couple days later, arguing the mother or the father does not have the right to end the life

⁸⁷ The issue here was a controversial military raid of an Eastern Anatolian town (Uludere) inhabiting Kurdish citizens of Turkey where many Kurdish citizens were killed and the state was asked to account for why a military raid was carried out in its own territory and aiming at its own citizens. The issue is still unresolved, and it is named as the "Uludere massacre" by some as well.

⁸⁸ C-sections also had their share of horrific descriptions during public statements. For example, while opposing c-sections, the Minister of Health stated "What is a c-section? You slash the woman's stomach, cut the womb, take out the baby, and stitch it back together. Isn't it torturous to do this to a woman who can have a normal birth?" (*Milliyet Daily* 2012a)

of the fetus who has a right to live - except special circumstances that cannot be generalized⁸⁹ (*Milliyet Daily* 2012d; *Radikal Daily* 2012a).

However, the proposal to criminalize abortion did not go over smoothly. Feminists took to the streets as well as many political commentators dismissing Erdogan for trying to divert attention from Uludere. Turkish Medical Association (TMA) was one of the groups that publicly condemned the government for using reproductive health for political purposes and interfering in medical practices which was the realm of medical practitioners⁹⁰. The public opinion was unclear about criminalizing about abortion as well. It was also suggested that the Turkish government received direct criticism and statement of concern from international agencies and offices, particularly within European Union – something that health professionals (such as Ms.Ayşe Akin) who had

⁸⁹ Department of Religious Affairs position on abortion did not change entirely even during the 1980s, but it still varied slightly depending on the political conjuncture. It had continuously supported family planning, but it would be a stretch to say the Department was completely on board with abortion throughout the same period. At the same time, it was never as strict as certain other religious bodies around the world in that it never placed the life of the fetus above that of the woman. However, it being an inherently bureaucratic institution under state guidance meant that the Department was not an independent body that could seriously challenge the political authority either.

⁹⁰ The relationship between TMA and AK Party - particularly Erdogan - has been quite fraught with discontent before and after the abortion statements. For one, the healthcare reform was widely criticized for commodifying healthcare. But while the healthcare reform did commodify and privatized health care in Turkey to an extent, it also provided care to a big group of people who did not have access to it beforehand as well. Therefore it is possible to argue that the healthcare reform also displaced the vested interests of many physicians who had found a way to compensate for the incomes as they worked in state and university hospitals (majority of the hospitals that existed in Turkey prior to mid 1990s) - mostly through widespread private practices. After the health care reform, most private practice offices closed as physicians wanted to keep their hospital jobs which now paid in a “piecemeal” performance system. For those who made significant amount of money from private practices (especially more well-known surgeons or university professors) some kept their private practices or transferred to private hospitals. From the point of view of most (especially middle-aged and settled) doctors, this was a complete overhaul of the status that doctors have historically held in Turkey due to the AK Party government’s insistence of “controlling” them and interfering in medicine. In fact, all of the middle-aged and older physicians whom I talked to during the research period - and even the ones who were very cautious of not criticizing the government on record - ended up most interviews denouncing the government for controlling, interfering and bullying the medical community.

worked in international reproductive health networks started lobbying as soon as statements about criminalizing abortion became public.

In the end, the government took back the proposal to criminalize or change the time limit for legal abortions. However, abortion providers were constrained to specialized ob-gyn physicians and not by general practitioners as had been the law before. The clinics which could offer abortion services were redefined as well, and limited provision to hospitals. As a result, private practice offices and clinics not affiliated with hospitals were no longer allowed to offer abortion services. Cesarean sections, on the other hand, were legally limited to cases where mother's or the baby's life is in danger and to patients who have certain medical conditions that make normal birth dangerous or impossible.

a. What Does Abortion Mean in Turkey Now? : The Changing Abortion Discourse

Adding to the constraints on abortion was also the changing definitions of what abortion “meant”, something that was deeply contested by both the AK Party governments and feminists during the 2000s. In other words, not only women had been left with less options for obtaining legal abortions in the last decade, but abortion itself also became more and more contested by both those who wanted to criminalize it and those who wanted to elevate it to a right.⁹¹ As AK Party put abortion back on the national

⁹¹ In that sense, political and practical trajectory abortion in Turkey and the U.S. have had numerous interesting similarities in the past decade despite all their cultural, religious and political differences between the two nations - a point I will take up in more detail further below.

political agenda during the 2000s, its accessibility in practice dwindled and its indistinct meaning split into multiple ones for diverse groups of people that were also more opposed and more conclusive. But at the same time, this change also meant the meaning of abortion broke away from being a depoliticized medical intervention and socially-condoned necessary evil. In a sense if 1980s had depoliticized abortion by making it a medical intervention that was needed to ameliorate maternal health and family planning, the 2000s brought it back to political contestation.

The emergence of a new debate with different participants (conservative Islamists and feminists, instead of bureaucrats and the military) altered the discourse on abortion in consequential ways. Of course, the end result of what abortion meant for different groups of people did not entirely change from what it had been during the 1960s and 1980s. Still, the meaning of abortion as a “necessary evil”, a birth control method or an apolitical medical intervention was not only contested from both conservative and feminist sides, but also widened to encompass more contentious dualities. There was not only a shift away from the depoliticized status of abortion, but also a bigger variety of meanings that have starting taking shape by contesting each other. For the first time ever, women’s groups got involved in the debate over abortion in Turkey, and their vocal opposition to any change in the abortion law was undeniably a factor in backpedalling on the AK Party side. Although the 1980s had brought legal abortion to Turkey, it had never been defined or explicitly demanded as a bodily or reproductive right by organized groups of women until now. The outrage against Erdogan’s comments and seemingly intractable stance on criminalizing abortion was both quick and loud on the streets. Even though the exact

reasons why the government decided to forgo limiting legal abortion is unknown, it was unmistakable that women's groups were not going to let it go easily. And while defining abortion as a "right" can be contested on a theoretical level, it had never been the case in Turkey until 2012 (and to a lesser extent, 2003) that abortion was defined as a reproductive or bodily right for women in response to all other definitions made by bureaucrats, medical professionals, and politicians.

However, the widening of the debate also exposed the critical reversal of the legal-practical dichotomy in Turkey with regards to abortion, and much to the disadvantage of (mostly lower class) women. For one, opening the debate on what abortion "is" went both ways, both affirmative of abortion and hostile to it. While in themselves debates of redefining terms are not necessarily harmful, in this case the debate turned into a crude and incriminating one. After Erdogan defined abortion as murder, other government officials soon chimed in to offer graphic "definitions" of abortion procedures laden with moral judgements⁹². And although the AK Party group has repeatedly found it disreputable to talk about women's bodies, the graphic descriptions of what abortion "is" ran gamut. In fact, a day after Erdogan's comments, The Minister of Health joined in the discussion, "reminding" that what "abortion actually meant" was "a

⁹² It is unclear whether the abortion debate was as unexpected for other members of the cabinet or not. From my interviews it appears that Erdogan's team was as surprised as the public with the emergence of the issue. If that actually was the case, it wouldn't have been out of the ordinary in that Erdogan's proposal to criminalize adultery in 2004 is also argued to have been as surprising and out of the blue for other cabinet members (Ilkcaracan 2008). Erdogan being a very strong leader who is known to make independent decisions, it is likely that the abortion was not a premeditated issue at that particular time. On the other hand, however, AK Party governments since 2003 had worked in changing reproductive health services and Erdogan had voiced his opposition to abortion throughout his political career. In that sense, the emergence of the abortion debate was surprising at that point in time, but not particularly out of the blue given the AK Party trajectory. Once made public, however, it was without doubt supported by the rest of the cabinet as has been the usual practice within the core AK Party group.

living being being scraped/shaved off the mother's womb", and the root of the word "kurtaj" (abortion in Turkish) was "kuretaj" (curettage, removal by scraping) (*Milliyet Daily* 2012c). Furthermore, if the "mother" had been impregnated by an "unfortunate event" (meaning, rape), the Minister "assured" that the state would take care of the baby, and that in the case of abortion being criminalized there would also be new laws that would provide such commitments. In this light, the Minister of Health stated:

"Today, what do we do for a child whose family or mother does not want to or cannot take care of? Do we leave him on the street? It is actually easy to understand. How else can I say this? I am saying, if abortion is to be made legal tomorrow only for cases threatening the mother's or the child's health, if the debate goes that way, of course the state will not and should not leave children born to strife. Who can say that should not happen if that is the case? And we haven't made such a decision yet anyhow. Today, abortion on demand is legal in Turkey until the 10th week of gestation. If somebody wishes to do so, the mother can have the baby in her womb terminated, taken out, scraped out. Abortion is the name for scraping a 10 week-old baby with arms, legs, body and heartbeat and blood circulation off the mother's womb with a knife." (*Milliyet Daily* 2012b)

Apart from the medically questionable and inherently moral judgements that define what abortion "is" in the statement of the Minister, the judgement on the parts of women who would want "the baby in her womb terminated, taken out, scraped out" is unmistakable. Thus, although abortion is legal until the 10th week of gestation, the symbolic nature of making such a decision is palpably illegitimate, wrong, and essentially, inhumane. What is interesting, however, that the woman seeking the abortion is imagined to be alone in making the decision and carrying the responsibility. While this point of view is consistent with how previous family planning projects (wrongly) assumed contraception and family planning was a woman's responsibility in Turkey, it is

one that is also patently wrong in light of Turkish contraceptive practices. Although the Minister of Health (who is not alone in making such assumptions) places the burden of “having a 10 week-old baby scraped off by knife from the womb” solely on the woman, he overlooks that neither such a decision, nor the prior pregnancy is only sometimes at the complete control of most women in Turkey. In that sense, such statements also define the “kind” of woman who would prefer such a brutal act - one assumed to be sexually autonomous in that she faces a pregnancy that is not welcome, independent from male intervention, and free to choose such an “egotistic” alternative.

Erdogan’s statements also have similar threads. Below is one of these statements Erdogan made during the abortion controversy in 2012:

“We are preparing the law [to change the legal status of abortion] and we will pass it. Now, some say “It is a right to have an abortion.” The woman, they say, has an abortion if she wants to. [They say] ‘It is her own right. You can’t interfere in her body.’ Then let the person who is committing a suicide [to kill himself]. Why do you interfere with a person jumping off a bridge, let him jump. Is this logical? There are two problems here. One is killing the fetus inside the mother’s womb. The second is the harm done to the woman herself. We are talking scientifically when we talk about this matter. There is no difference between killing a fetus inside the mother’s womb and killing a person after he is born. ... As their Prime Minister, I ask from my lady sisters to be very sensitive about this issue. This is murder. And I say the same thing again. There is immense fight against abortion in the U.S. There are laws. There are laws that say the same thing in many Western countries. We are working for this. It has a place in our values. It cannot be allowed. Of course, God forbid, it is a different matter when the [mother’s] life is threatened (*Milliyet Daily* 2012a)

What is interesting (among many things) in this statement is that Erdogan adopts a discourse around abortion that is tied with morality and murder, personhood and bodily rights. This is interesting because refuting abortion to be a “right” is a novel discourse in

Turkey. In fact, it is questionable at best whether abortion had ever been regarded as a “right” in Turkey. Furthermore, while other politicians in the past had equated abortion with murder, it is highly questionable whether most Turkish people would do so. Having been considered as a birth control method, and a necessary evil to hide sexual transgressions, abortion probably signifies different things to different people. However, having been used commonly as a birth control method, and a necessary evil to hide (female) sexual transgressions, it would not be a stretch to argue the “Abortion is murder” argument would be relatively less prevalent for most people in Turkey. Erdogan’s clear definition of abortion as murder, however, not only generalizes a particular opinion but also depends primarily on value assumptions – a standpoint on abortion that is different than the economic and societal reasons most people in Turkey have traditionally opted for abortions. Abortion as murder in that sense is not only a value judgement rather than a “scientific” as Erdogan suggests, but also an act of redefining what the social meaning of abortion should be in Turkey. Change of discourse in this case is more significant as it also works as a means to change to social world (Jørgensen and Phillips 2002).

Another very interesting thread (which I will elaborate further below) is the American example given by Erdogan. It is interesting in two ways. One is because he does exactly the same thing with past Republican elites by justifying a policy change by referring to a developed, Western nation. Although he stands for a completely opposite understanding of what Turkey should be from the Republican elites of the past, he still uses the American and Western examples just like the contraceptive policy debates of the

1960s as the “right” example. What’s more, even from a conservative viewpoint, the Prime Minister pleads his case through the validity and legitimacy of the “scientific” standpoint that is assumed to be the core of the Republican ideal⁹³. Erdogan also uses scientific justification in almost the same way it had been used to take abortion out of politics during the 1980s, to justify a political decision as a scientifically right thing to do. Thus, although he is breaking away from the Republican tradition, Erdogan’s approach is still within the confines of the Republican framework of reproductive policymaking in that it legitimizes its validity through “enlightened” medical and scientific discourse. What is even more interesting, however, is that how much Erdogan (and AK Party approach to abortion in general) is influenced by the recent pro-life/pro-choice debates in the U.S. The abortion discourse which pits a definition of “rights” against a definition of “murder” is a (simplified) feature of the American abortion debate rather than the Turkish one. As is the case with the U.S. abortion debate, from AK Party standpoint the fetus is “the most potent symbol of helplessness demanding patriarchal protection” that requires a strong male leader who would save the fetus as well as the nation itself (Petchesky 2002, xiii).

Redefining abortion as terminating unborn people also allows to bypass considering the actual welfare of living children in Turkey. By 2010 calculations, child poverty rate in Turkey is over 27%, with a 7.9 point increase since the 1990s (“OECD

⁹³ Erdogan’s appeal to scientific legitimacy is however conflated with moral judgements, and soon gives way to a completely different “value” system, this time a moral one. Above all, equating abortion with “murder” is essentially a political argument given it assumes there is a living human being starting with conception. In a sense, despite the “scientific” characterization of his opposition by Erdogan, he makes a bait and switch between medical science and morality with regards to abortion. While he argues his opposition to be “scientifically” sound, it appears towards the end that it is based more on moral judgements of what is right and what is wrong, what has a “place in our values” and what does not.

Social Policy Division Family Database Child Poverty Report 2014” 2014). Furthermore, there is very little information (if any) on the kids under the care of the state, or on adoption rates in Turkey. In fact, not only is the wellbeing of children under the care of the state is unknown, but such information is undisclosed in Turkey apart from the common knowledge that state institutions are impoverished and terribly run in light of occasional news reports on child abuse and neglect. In that sense, the argument that “the state would take care of unwanted children” is somewhat inconvincing as well as an incredibly patronizing stance towards women. It is a value judgement on the part of the government to argue the state (in its presumed benevolence) would look after children of women who are assumed not to “want” them. Not only does this viewpoint (wrongly) reasons women only want to have abortions because they are too callous to look after their own children, but it also suggests an unrealistic and irrelevant “solution” to women with unplanned pregnancies. What makes matters worse is that adoption is realistically not an alternative in Turkey either in that it has never been common practice and still carries considerable social stigma – something Turkey shares with other Muslim majority Middle Eastern countries⁹⁴.

⁹⁴ The reason why adoption has not become an alternative to abortion in Turkey (as in many other countries in the Middle East) can be explained, I think, by both religion and social practice. For one, adoption is not sanctioned Islam, although fostering – as a practice that does not integrate the child into the foster family – is acceptable. Either way, however, does not give the child the right of inheritance except what is called “sadaqa” or gift – a practice that individuals have responsibility to provide for those who are less fortunate than them. In fact, orphans (and poor and those in need as these three categories usually go together) are considered a “community responsibility” in Quran, outside of individual responsibility except for sadaqa and gift (Al-Azhary Sanbol 1995).

However, I do not think why most people in Turkey do not see adoption as an alternative is primarily because of its religious standing. Actually, formal adoption is uncommon and “is virtually never presented as an option to pregnant women” in countries like Greece where Christianity is the dominant religion

To be sure, new definitions of abortion were not brought forward only for the sake of redefining it. It is even questionable that “redefinition” was a deliberate political or social goal. Independent from gendered and sexual social norms, outside of political concerns over demographic trends, altering the social meaning of abortion for the sake of it would not mean much to AK Party⁹⁵. However, as Petchesky (2002) argues, abortion is rarely an issue independent of wider social conflicts. It is rather “the fulcrum of a much broader ideological struggle in which the very meanings of the family, the state, motherhood, and young women’s sexuality are contested” (Petchesky 2002, xi) In that sense, abortion for AK Party not only (and inaccurately) meant lower fertility rates, but also meant condoning transgressions of sexual norms and a bigger autonomy for women over their bodies and biological capacities. Within the conservative AK Party discourse

(Paxson 2004). In that sense, I think the biggest reason why adoption is not practiced widely across different communities is due to its social standing, especially with regards to what it means for the homogeneous male lineage and authority. Of course as with many things, the religious standing of a practice have most likely played into its social acceptance and traditional (lack of) practice. But from a point of view where a child is mainly defined through the “seed” or the father’s bloodline (Delaney 1991) as well as where a family is defined through male lineage it is almost impossible to accept integration of a child of “another man” to a family defined through another man. In addition this patriarchal dimension, in Turkey there is also a less gendered but biologically deterministic explanation for why adoption would “never work”. This is because it is believed that either the man or the woman could never love a child who is not biologically related to them as much as they would a child who is genetically related to the parents. Although adoption might take place, the genetic chasm between the parents and the child are not believed to be ever closed.

In light of this, the government’s (“sensitive”) suggestion that the state would take care of unwanted children instead of advocating adoption fits in the existing social status of adoption in Turkey. It is also probably the reason why Erdogan or any other official not once suggested adoption as an alternative to abortion – despite the fact that it would possibly be beneficial for both the children and the families wanting children.

⁹⁵ However, I would argue while abortion wouldn’t carry as big of a significance for AK Party (or any other political group) in such a political, social and gender vacuum, it would still carry a life and death significance for women. Precisely because they are the ones who can get pregnant, who carry the pregnancy to term, who bear the child, and whose physiology is under tremendous intervention through it all, I think women have a standpoint with regards to abortion which cannot be substituted with any other group of people.

where sexes are not equal but complementary, a strong stress on returning to larger families prevails, and where women are primarily defined as “mothers”, abortion sits right in the middle of every ideal. In that sense, AK Party clearly makes a distinction between “good” and “bad” women, good and bad sexual practices, as well as good and bad reproductive practices. For example, Erdogan calling out to his “lady sisters” as exemplary women who would never seek an abortion over women who have their wombs scraped is only one example. In fact, even when the way these groups are categorized is clear on such gendered value distinctions – on the one hand, there are “lady sisters” who are “ladies” in addition to being of one mind and family with Erdogan as a masculine symbol of benevolence and right to live. On the other hand, however, there are “they” and women who kill a fetus inside their womb. There is no uncertainty about who is right and who is wrong from this standpoint. In a sense, although it defies many of its central tenets, AK Party’s abortion discourse is as divisive within “groups” of women as much as its Republican counterpart of the past. The difference between the two is while the Republican discourse was primarily interested in classed distinctions between women, AK Party is primarily interested in distinctions among women with regards to their embodiment of patriarchal gender values.

b. Responses to the Abortion Controversy

The abortion debate brought forward several discursive and practical differences. Abortion advocacy, albeit brief, became a point of visibility and success for feminist groups, and actually became one of the reasons why the proposal to limit abortion was

shelved. Another consequence of government's increased scrutiny over abortion has been the parallel increase of confidentiality between doctors and patients related to reproductive services, specifically abortion. The more government tried to limit access to abortion, the more it came to be practiced quietly just like the pre-1983 period – especially with regards to abortion services provided in private practice offices which were now illegal. And a third (and most curious) consequence has been that it changed the discursive parameters of the Turkish abortion debate. In fact, the discussion proposed new ways to define, support and oppose abortion in Turkey in light of Western liberal abortion debates. On the one hand, feminists brought to the table the individual, bodily rights that had not been a part of the reproductive debate in Turkey until now. On the other hand, it seems that the government has taken note of the American anti-abortion movement both in terms of how abortion was defined, and how it could be constrained⁹⁶. The last decade of increasing abortion restrictions and the increasingly vocal anti-abortion groups were an example to AK Party both discursively and practically. In a sense, there was a diffusion of norms from the U.S. anti-abortion groups to Turkish anti-abortion advocates which not only reframed the Turkish debate but also bringing it closer to the U.S. example where religion, morality and rights constitute the primary opposing

⁹⁶ Similarities between AK Party stance over abortion, and the American anti-abortion movement are not entirely coincidental. On the contrary, AK Party is known to observe the American movement closely, and has repeatedly argued the “American example” for abortion could be the best model for abortion provision Turkey. That legal disparities exist within states in terms of how exactly abortion services can be offered, and that providers are legally required to offer state mandated information on abortion in some cases 24 to 48 hours before the procedure are two things that AK Party is known to have taken note (*Milliyet Daily* 2012e; *Bianet* 2012b; *Radikal Daily* 2012c) . In that light, it is not surprising that AK Party's strategy since 2012 has also been to make abortion less accessible without changing its overall legal status in Turkey, similar to the state-based challenges which do not necessarily make abortion illegal but make it almost impossible to obtain them in many U.S. states.

factions within the abortion controversy. At the same time feminists adopted a more liberal stance of “bodily rights” with regards to access to abortion, AK Party group increasingly adopted the “moralistic” stance of conservative American anti-abortion groups. Indeed, abortion had been defined as a “moral” issue during the first Turkish family planning debates of the 1960s. In that sense, AK Party’s revival of moralistic opposition to abortion was not an entirely new thing, but it was the first time such opposition was becoming an organized political stance as well as the primary reason for political opposition to abortion. The new debate also targeted “rights” with “morals” – something that the 1960s debate did not include. In a sense, AK Party’s stance was a throwback to the pre-1980s period but with a more comprehensive political reasoning and stronger political relevance.

Liberalization of abortion as a medical intervention for “birth control” without any debate of rights during the 1980s had taken all kinds of “moral” baggage as well as any consideration of bodily rights out of how to understand abortion in Turkey. At the time, “compassion” or “rights” had become irrelevant to the abortion debate which was considered to be a medical, economic and class issue. Thus, the 2000s was a reversal of this discursive imposition on abortion, and one that resembled the American debate with its specific dichotomy of morality and compassion, and rights. The statement below given by the Minister of Health Recep Akdag in 2012 represents these new parameters of debate from the AK Party standpoint (while at the same time misrepresenting the pro-abortion standpoint):

We will not make it harder for individuals who want to have an abortion to realize this demand. We will not prevent people from having a voluntary miscarriage. The whole point is to lay out reproductive health. Families will be able to have as many children as they want. They will use the necessary tools to prevent [pregnancies] when they do not want to have a child. [Saying] Let's not use anything, if it happens we will get rid of it, is unacceptable. The understanding that "I can have an abortion if I get pregnant" is wrong. ... I don't find the "My Body My Choice" campaign compassionate. You are terminating the life of a living being inside a mother's womb. There is an unborn being there. It is not something that can be as easily handled by saying it is my body. Women who want to have abortions will be able to access them safely within certain measures. We will strive to [create the conditions which would] make abortions as rare as possible. We cannot prohibit abortion and allow backalley procedures (*Bianet* 2012a).

At this point in time, the fallacious reasoning and the dismissive and judgemental tone of statements from the government in relation to abortion are not surprising. As the Minister of Health stated, the government was not going to "prevent" people from a "voluntary" miscarriage – which reads like a semi-permissive statement made by those who have given up any hope of getting the point across about why a woman should not have an abortion. In that sense, abortion in its bare bones was to stay legal. The statement is also fallacious in that no woman within reasonable imagination gets pregnant assuming she can have an abortion if need be. (This is an especially absurd reasoning with regards to the Turkish society where women have been stigmatized, publicly shamed, disowned and even murdered for having any kind of relations with men.) Apart from the assumption that it is "an unborn human being" in a woman's womb, it is also fallacious that women who do get abortions "easily handle" such a decision. Apart from the unrealistic understanding of how women get abortions, this is an even more unrealistic assumption within a society where abortion decisions are not usually made by women alone. The point about making it so that less women need to obtain abortions assuming it

is offering more comprehensive birth control access and making abortions safer is a commendable goal, if only the exact opposite did not happen during the AK Party period when state hospitals effectively stopped offering free birth control and cheaper abortion services. It is also that birth control services and abortion are not “either – or” options for most women who need access to both at any point in time.

What is also interesting about this statement is that it is one of the first times when the response to the possible abortion ban was criticized as not being “compassionate”. I think this statement is not a single statement but representative of AK Party stance towards women, and towards supporters of gender equality and feminists overall. That “feminists” (which points to women who identify and do not identify themselves as such, but who all have at one point spoken out against the conservative traditionalism of AK Party governments) are “foreign” to Turkish values, “selfish”, “not motherly” or lacking in other “feminine/motherly” qualities has been a repeated sentiment by Erdogan himself for years, not counting the more minor party members’ similar statements across the country.

Feminist and other responses to Erdogan’s comments on abortion (among other gender equality issues) have on the other hand been loud and clear, but tangled with their own complications as well. This was, I think, was caused by two stances that eventually put women between a rock and a hard place, as well as “moralizing” the whole debate. The first stance was the initial response of most feminists in response to AK Party’s abortion campaign, stating it was a woman’s choice and a bodily right that state should not touch – an argument that had not become public to such an extent in Turkey ever

before. In that sense, it was not only AK Party who adopted new ways to debate abortion, but feminists' adoption of "my body, my rights" stance was also relatively new in Turkey. Opposing AK Party through a liberal feminist discourse stressing bodily autonomy and rights, a majority of feminist groups took a "pro-choice" position that was very similar to the American one. This argument did surface a lot of important dimensions of the abortion debate – that reproduction, abortion or birth control had never been a "women's right" issue in Turkey, that women in Turkey needed to have control over their own bodies, and that the state did not have any right in denying women reproductive health services. On the other hand, however, this stance not only made it harder to have cross-class coalitions among women, but also cornered feminists to a point where conservatives could criticize them for being too individualistic. "My body, my choice" discourse in that sense left the classed foundations of birth control advocacy undisclosed, leaving women who would probably be more affected by decreasing access to abortion in institutions other than private practice offices out of the debate. That "choice" was at best a classed position in Turkey was not taken into consideration, which left many women out in the open not only by the state but also by women's rights activists as well.

The second counter argument initially put forward fit the discursive trajectory of abortion in Turkish politics better but did not provide room for any growth for women's reproductive autonomy. Many women, and men, defended the legality of abortion by pointing to prevalence of rape in Turkey, and by the possibility of the child having genetic or other disorders such as down syndrome. Since terminating the pregnancy in

cases where the child is diagnosed with a serious disorder has been one of the more socially “admissible” reasons for abortion in Turkey, this was a reasonable claim for supporters of legal abortion⁹⁷. And since violence against women had been widespread, abortion in cases of rape was another “necessity” for maintaining the legal status of abortion. From that standpoint, abortion was a necessity above everything else, and the reason why its legality should be preserved. And while this rebuttal had some validity - particularly pertaining to the prevalence of rape as a form of violence against women in Turkey, as some feminist groups suggested it was also a defensive argument and an inadequate one. In fact, this line of defense sat squarely with how abortion was legalized in Turkey in 1983 - not as something that gave women more say over their bodies and more reproductive options, but as a necessity given the contraceptive practices in Turkey. It was a baseline argument for having legal abortion, but hardly more than that. Numerous women in response suggested abortion should be supported by defining it not as a bare necessity, but as a right on its own without having to resort to exceptional cases.

While abortion as a political issue became publicly debated, however, it brought another contradiction with regards to its actual practice. Although abortion was for the first time defined as a “right” or “necessity” for women in Turkey by feminists and other groups, its practice has been increasingly becoming implicit in the face of government

⁹⁷ As had been the case back in the 1960 family planning debates, there still continues a taboo in Turkey with regards to discussing and living with disability. While there has been some changes, it is still considerable hard to have a ordinary daily life while disabled - not only because public spaces, modes of transport, housing, the job market are unaccommodating but also because disability is still considered to be a personal shortcoming. While this cannot be generalized, one viewpoint even suggests living with a disability would be harder on the person and the parents than terminating a pregnancy. And for more complicated genetic disorders, it would not be a stretch to argue most families would (unhappily) choose aborting the pregnancy.

opposition. This has been, I think, both a social and institutional consequence of the debate in that it not only made abortion a controversial issue (and one that should be further kept from openly practicing or seeking it), but also incrementally changed institutional regulations for its provision without changing its legal status. For example, while abortion is still legal in Turkey until the 10th week of gestation, where and how it could be legally practiced is more vague than ever. For one, it is now officially illegal to provide abortion services in private practice offices or private clinics after a regulation put in place by the Ministry of Health. In light of this provision, doctors cannot offer abortion services in private offices or clinics – the primary locations of abortion provision in Turkey. It has also been criticized by obstetrics specialists who offered abortions in hospitals that the changes in the healthcare databases (put in place by the Ministry of Health to be used in all hospitals) no longer allow them to choose “dilation and curettage” or “menstrual regulation”⁹⁸ options when the patient is seeking an abortion (*Hurriyet Daily* 2014; *Cumhuriyet Daily* 2014; Demir 2014). In a sense, while abortion on demand until the 10th of gestation it is in practice much harder to obtain, especially in state institutions which have no legal grounds to limit abortion services. This is an interesting development in that it also reverses the pre-1983 period practice where abortion services could be accessed despite its illegal status.

⁹⁸ “Menstrual regulation” is a term used by practitioners around the world which allows them to provide early term abortions without the possible social and political complications. In that sense, it is somewhat a discursive strategy to offer abortion services within contexts where having an abortion is socially and politically contested, especially for young women. Levin (2003) in her anthropological study examines how the medical term “menstrual regulation” is used in Guinea to enable women to terminate early unwanted pregnancies despite abortion being illegal, arguing that naming the procedure as “menstrual regulation” rather than “abortion” allows practitioners to be able to offer abortion services early in pregnancy in institutional settings without legal consequences. I did not know this terminology was also used in Turkey, given abortion is usually termed as “dilation and curettage” by Turkish practitioners.

I think these practical challenges to accessing legal abortion also add another discrepancy between the legal and practical provision in Turkey. Although it is increasingly harder to openly obtain abortions in state hospitals, and although abortion provision in private practice offices in Turkey has been prohibited, it is hard to argue women will cease to seek abortion services – which increases the informal and discreet patient-doctor alliance as physicians continue to offer abortion services in private practice offices just like the pre-1983 period⁹⁹. In a sense, the legal challenges of accessing abortion on institutional grounds made informal ways to access it more prevalent, making the process more invisible but not particularly more dangerous as these are not clandestine abortions per se. A critical difference brought by recent developments, however, is access to abortions by lower class women who used state hospitals for reproductive services. Although it might be business as usual for elite women who sought abortions in private offices in any case, or single women who found private offices to be the most discrete way to obtain an abortion, it is questionable whether the recent changes will not affect lower class women.

⁹⁹ In fact, it appears that abortion provision in private practice offices are going on as usual. Although I did not use the interviews I conducted with obstetrics physicians in different parts of Turkey as one of the primary sources of data to this study (as I thought I would need a much larger number of interviews to justify using interviews as my primary data), from what I have heard in all my interviews was that physicians were still offering abortion services in their private practice offices. One female physician summed up the situation that many of the physicians I talked to also voiced by saying, “In the end, [abortion] is between the woman and her doctor. If the woman wants to have it and the doctor agrees to do it, there is no way a third party would have to know what is happening.”

V. Assisted Reproduction and Alternative Reproductive Possibilities

Late 1970s and 1980s were also the times when Turkey along with other countries started debating the new assisted reproductive technologies such as intra-cytoplasmic sperm injection (ICSI¹⁰⁰). Particularly because marriage has been a universal phenomenon among Turkish people (Hacettepe Institute of Population Studies 2008b), and because children have been seen as one of the most inalienable tenets of marriage, enabling couples to have children through modern science was considered a very welcome development in Turkey. The social acceptance of ICSI by using the married couple's gametes thus depended very heavily on the social necessity of being married and having children as a married couple. In a sense, what Inhorn (2003, 17-18) found for Egypt with regards to fertility holds for Turkey in that childlessness is not only a "socially intolerable condition" and provides people with little choice other than "curing" infertility through the "test-tube baby" procedure. Similarly, the responsibility to "prove" one's femininity and virility stood on the shoulders of both men and women. For women it was proving biological (hence, social) worth as a wife as well as "satisfying maternal instinct" while for men, it was proving manhood where fertility and virility are often interchangeable (Inhorn 2003, 239). Thus, applicability of ICSI meant a lot to both men and women, although the newspapers (and policymakers) talked mostly about female infertility and the "women who desperately want to be mothers" from the start. Luckily

¹⁰⁰ Intra-cytoplasmic sperm injection is basically injecting an egg with a single sperm to fertilize it, and placing it in the womb. The lay Turkish translation of this method is "test-tube baby" method, and it had considerable stigma attached to it when it was first introduced – as can be observed from the moniker "test-tube baby". This stigma seems to have diminished somewhat, but not completely disappeared - especially if the reproductive challenges originate from the male partner.

for many couples, the procedure was quickly imported by Turkish clinics and doctors in early 1980s, and it became legal to have a child from a married couple's gametes in 1987. By the end of the 1990s, Turkey was not only one of the two biggest ICSI hubs in the Middle East¹⁰¹, but a context where it became a routine operation for both doctors and patients alike.

Although the idea of using new reproductive technologies to overcome reproductive challenges was embraced in Turkey, the options stayed limited to ICSI with gametes taken from married partners. Similar to the discourse on male birth control methods, any technology which separated the father from the child, or which allowed the woman to bear children without active participation from a male partner was covered by newspapers with both apprehension and derision. For example, coverage of Afton Blake who got pregnant through a sperm bank in 1982 in U.S. was one among several repeated newspaper pieces about women being able to conceive through "custom-made fathers" which read both as a threat to traditional masculinity and demonstration of female degeneracy (as can also be picked up on by such titles as "A Woman in U.S. Had A Child With a Genius' Sperm: Nobody Knows The Father" in 1982 (*Milliyet Daily* 1982c), "Custom Order Fathers Era" in 1991 (*Milliyet Daily* 1991), and a particularly tasteless title of "Your Father Was A Corpse My Child" in 1999 (*Milliyet Daily* 1999) about sperms previously deposited from now-deceased fathers). Assisted reproduction other than ICSI used by married couples was in this sense something that happened abroad and signified a new era of moral ambiguity, if not decay. In other words, beating reproductive

¹⁰¹ Israel is the other hub for ICSI in the region.

challenges through modern medicine was fast adopted in Turkey but reservations and limits on these technologies held sway from their first adoption up to today. With regards to what kinds of assisted reproductive technologies would be socially acceptable and why, what the 1978 opinion editorial is still relevant and surprisingly comprehensive. In other words, there has not been a lot of change with regards to the kinds of assisted reproductive technologies that were “admissible” in Turkey, at least as it is debated publicly. The piece below is one of the most extensive (as well as one of the first) discussions of the issue on public media, and written by a lawyer, it was published as one of the weekly opinion-editorial section in the national newspaper Milliyet Daily in 1978 after news about assisted reproductive methods started being successfully implemented in the West as a way to explain/comment on what this would mean for the Turkish society:

Test-Tube Baby and Its Complications

Artificial insemination can be associated with the “test-tube baby” phenomenon. The test-tube baby option would bring less complications than artificial insemination. Artificial insemination is an answer to male infertility. Sperm taken from a male other than the father is implanted in the mother. Caution is taken not to expose the donor. However, there has been instances where continuing confidentiality was unsuccessful. Furthermore, it has even been argued a woman’s use of this method without the consent of her husband could be considered a “theoretical adultery”. It can be seen that the test-tube baby option would not bring forward such a complication.

One of the problems with artificial insemination is how familial lineage would be sorted out in the case a husband later retracts his consent for his wife to being impregnated with sperm from a third party after the fact. Isn’t it safer to adopt? However, the test-tube baby option does not cause such a problem.

Test-tube baby option cannot be considered as “extramarital”. It cannot be considered illicit/illegitimate with regards to law. On the other hand, what kind of complications would a “sperm bank” similar to a “blood bank” or “organ bank”

would bring? In reality, every alternative which makes artificial insemination unnecessary can be considered beneficial.

...

It is impossible to argue the test-tube baby option should be prohibited within a legal system which allows those without children to adopt another's child. Furthermore, it cannot be said that adoption fulfills every yearning either.

This issue can be debated in an even wider frame. Is test-tube baby option the opposite of abortion? It is necessary that abortion be considered within legal options. People should be given the freedom of pregnancy. Human beings cannot be impregnated like animals. It should not be out of one's free will to have or not have children. Accidental pregnancies often cause severe complications.

Having children should also be considered within the freedom to get pregnant, and the options available to have children should be increased. Test-tube option is one such alternative.

Organ transplants is another method used by medicine. It can be equated with the test-tube method. Organ transplantations are carried out to save a living human while the test-tube method enables another human to be born. As is known, Turkish courts do not criminalize organ transplantations.

Can an "artificial womb" be devised as a tool? For example, if it is possible to use an artificial kidney, shouldn't it be possible to use an artificial womb? It would be a helpful solution in cases where a [woman's] womb is not amenable to carrying healthy pregnancies without abnormalities in the fetus and women who had to have the womb removed. But what would the result be if this tool is used to forgo the hardships of pregnancy or for aesthetic reasons?

Wouldn't the test-tube method create complications? This is possible. It is known that mothers who have given birth to children with missing limbs have been subject to investigations due to using certain medications during pregnancy. If the test-tube method creates a similar result, how can this be resolved? Infanticide due to disability is an ancient practice. But is it right to allow creatures known to have disabilities to be born?

Another consideration is this: If the mother's body does not accept the ovum fertilized by medical intervention, and it can be implanted on a different womb, who would be the mother of the child? The woman whose ovum is fertilized? Or the woman who feeds the fetus for nine months and gives birth to the child?

The test-tube method also places new responsibilities on physicians' shoulders. Creation of a legal framework for the issue is a necessity particularly for physicians as a security net. Prior to the [successful] test-tube trial in the UK, a trial against a physician was brought to the New York court by a couple who

claimed the loss of “property” due to medical neglect after their fertilized specimen ceased to survive.

Very sensitive tools will be utilized to implant the fertilized ovum in a womb. In the case of the slightest mistake leaving a lifelong trauma on the baby, the responsibility of the physician will create serious problems.

In light of all this, our argument is that [the test-tube¹⁰² baby method] is a new medical option. It is humane to try in order to put an end to unhappiness caused by infertility. It would not be right to criminalize this method. The only option should be to think of a legal framework for it.

Indeed, this method will improve and provide other alternatives. Options to overcome a womb not amenable to carrying pregnancies will be sought (Erem 1978).

I specifically picked this editorial for two reasons. The first is that it is one of the earliest and one of the few (even today) texts that discuss artificial insemination in a mainstream media outlet. The second is because there a lot of continuities with this 1978 piece about artificial insemination and how this technology is regarded and questioned today. The central concerns and main points of objection that make artificial insemination controversial in the eyes of some in Turkey are still the same. Granted, there is a great amount of arguments in this editorial piece that can be questioned in relation to how gender factors into reproductive rights, how infertility for men and women are treated differently, how disability is defined, and how legal abortion is defined in relation to the possible legal statuses of other reproductive technologies. On the one hand, he overarching assumption that frames the whole debate is the precedence of authority and ownership with regards to reproduction, sexuality and family. From the start of the piece

¹⁰² I will elaborate more on the “test-tube baby” moniker later but it still is the main name of the procedure in Turkey. I think it is very demonstrative of the belief that procreation through medical intervention is “unnatural”, and children conceived this way are not “the same” – which made the procedure a secret for most families despite the stigma attached to it has lessened over the years.

artificial insemination is described as an answer to male infertility (while it may or may not be), and that is what really makes artificial insemination a matter deserving debate and serious consideration in the first place. It reads from the editorial that it is only the male partner who can be imagined to refuse artificial insemination - the female partner is assumed to consent to the procedure even if the man might not. What is also interesting is that while it is assumed that the only reason why men might consent to artificial insemination is male infertility, an artificial womb is primarily considered as an capricious, “aesthetic” alternative instead of being a legitimate answer to female infertility. While men might consent to artificial insemination in the direst of situations, the first possible repercussion of an artificial womb is considered to be women wanting to “forgo the hardships of pregnancy¹⁰³”. In a sense, considering alternative reproductive technologies is a more “serious” matter for men, both in terms of the reasons why they are used as well as their repercussions. For this reason, the biggest concern and primary objection against artificial insemination is the kinds of social and legal repercussions artificial insemination might have over male lineage as well as male authority. That a woman using this technology, especially without the consent of her husband, would engage in “theoretical adultery” or the familial lineage separating from the man in the family are proposed as social and legal troubles that are not only almost impossible to solve but also very disconcerting to think about. In this sense, this approach illustrates the primacy and determinacy of the specific “seed” of the male partner so much so that

¹⁰³ It is also interesting that this problematization of women’s demand not to “ruin” their health or appearance is almost the same with the 1950s argument that (upper class) women in Turkey might want to prefer abortions for the same “aesthetic” reasons.

conception with sperm donation is considered adultery even if there is no sex act involved. There is ultimate priority of what the male partner would do, would consent to, and how artificial insemination would affect his own legal as well as social sovereignty is what makes this technology controversial and possibly unacceptable. An alternative womb might not be as problematic if women are prevented from using it capriciously given women are assumed to want and naturally destined to give birth. But artificial insemination as a method threatening not the biological but the social and legal destiny of men is much harder to adopt.

The debate over why alternative reproductive technologies are considered controversial in Turkey is also related to Inhorn (2003) and Strathern's (1992) arguments about how new reproductive technologies impact the importance of genetic relatedness. At first sight, technological innovations such as gamete donation appear to enable individuals and families to have children that do not particularly carry their genetic background. However, what Strathern (1992) finds, and Inhorn (2003) exemplifies in the Egyptian case of assisted reproduction (which I think is particularly relevant for Turkey for both cultural and religious reasons), new reproductive technologies have so far privileged "biogenetic relatedness as the ultimate and determinative form of kinship" (Strathern 1992, 120). Especially because these technologies bring "biological" children to these couples, they also "powerfully solidify extant cultural notions of what a 'natural' family is: that is, one in which children are connected to their biological parents through 'blood ties'" (Strathern 1992, 120). To put Strathern's (1992) point very crudely, if families can have children without adoption with the help of reproductive technologies,

“they might as well” be biologically related to the parents. The ICSI technology provides such an option of having children *and* children being genetically related to the parents, whereas gamete donation excludes genetic bond to at least one parent. Especially when ICSI is legalized to be practiced only by married couples, it not only maintains the primacy of genetic relatedness, but also the conventional heterosexual marriage. In that sense, that ICSI is legally constrained with marriage is an indication that why gamete donation would be very hard to legalize - both with regards to its possible reconstruction of what “family” means socially and legally, as well as what biological relatedness means for masculinity and patriarchy.

What is also interesting about this editorial is that it is not a particularly conservative one in some ways. It is surprising that while the author opposes artificial insemination, he also regards test-tube technology and abortion similarly under reproductive liberties. From this point of view, if families are to have as many children as they want, they should be able to access the test-tube technique as well as abortion. But the same liberty does not by default extend to other reproductive alternatives such as gamete donation - another alternative that would allow people to have as many children as they want. That gamete donation would in theory make it possible to have families not limited with marriage or heterosexuality makes it foreign and unacceptable. In other words, what fits into reproductive liberty depends on the social meanings given to reproductive technologies than anything else. Another instance the support for having children (even within marital, heterosexual relationships) does not extend to is disability. Granted, the disrespective and ghastly definition of disabilities through “creatures with

disabilities” is not different than how disability has been treated since the contraceptive debates of the 1960s. However, what it indicates is how much disability is still a taboo and a “legitimate” reason to limit reproductive alternatives. Even though reproductive technologies might not have any correspondence to disability, the possibility of it is enough to make it intolerable. I think this is a prejudice that still continues to exist in Turkey today, be it in relation to reproductive alternatives or otherwise. And while there has been some legal change with regards to alternative reproductive technologies in Turkey, the general points of the 1978 article are still very relevant to the social meanings surrounding different technologies. Consequently, although ICSI has been legalized (for married partners) and clinics offering ICSI services proliferated quite fast, other assisted reproductive technologies are still illegal.

In that light, the first ICSI clinics offering services opened in Turkey in 1988, 7 months after the procedure being legalized for married partners (*Milliyet Daily* 1988c). The number of clinics grew especially during the 2000s where the number increased from 39 in 2002 to 112 in 2009 (*Milliyet Daily* 2012g). ICSI procedures grew as well from about 11.800 to 43.928 in 2008 to dropping to 33.390 in 2009 (*Milliyet Daily* 2012g). The government in 2008 also started offering subsidies for ICSI services for patients with particular state insurance policies – which also explains the increase in the number of procedures in 2008¹⁰⁴. In 2008 the government announced it will also provide financial

¹⁰⁴ Under the 2008 provision, in order for families to be eligible for subsidies to obtain ICSI the female partner would have to be under the age of 40 and had gone through three cycles of assisted insemination without success. And in line with the previous regulations, the subsidy applies to heterosexual partners who are married. The state subsidy covers about the half of the expenses for the procedure and can cover up to three trials (*Milliyet Daily* 2008a).

aid to low-income families for ICSI treatment which was followed by a vast increase applications for the procedure (*Milliyet Daily* 2008a).

However despite consecutive Turkish governments supporting ICSI legally and financially, the same was not the case for gamete donation. Although the news of sperm or ovum donations had made it to Turkish newspapers in the previous decades, the tone with which sperm and ovum donation turned much more serious and controversial. For one, it had become obvious for both lawmakers and citizens that other kinds of assisted reproductive technologies could be applicable in Turkey after the success of ICSI by Turkish physicians. In that sense, it was no longer only a fascinating news piece about a (usually young) Western woman getting pregnant by a donated ovum or sperm. The language of such news beforehand showed amazement, and a sense of threat wrapped in mockery with regards to the possibility of “men becoming obsolete”. But when there was no substantial scientific obstacle left for similar donation procedures to be carried out in Turkey (and when the physicians who could do them started asking for the option to legally do so), the issue lost its comedic quality only to be left with a controversial one. When the Ministry of Health was asked in 2005 in the Parliament why it “regarded a medical method implemented around the world” almost as adultery (following comments of the Minister of Health some days ago), the Minister gave this written response demonstrative of the gendered foundations of the opposition to gamete donation:

“The issue should be regarded from a legal point of view in addition to a medical one. When the current Civil Code is taken into consideration, it is likely to result in grave complications due to (paternal) lineage, paternal rights and

responsibilities, and inheritance. Legal and medical experts have been consulted during the creation of the regulations.” (*Turkish Grand National Assembly Account of Proceedings, 76th Session, 2005*)

I think it would not be a stretch to argue that the Minister of Health was on the same page about the status of gamete donation in Turkey with the rest of the government. In that sense, this statement is representative, if not more non-confrontational than most political opposition to the issue. More importantly, it is clear from the statement that there was not much difference between why gamete donation would be “problematic” in the eyes of the government in 2005 and the opinion editorial in 1978. Even though scientific circumstances, technologies, alternatives have changed in the almost thirty years between the two statements, why gamete donation would not be suitable for Turkey - primarily because of “legal” and “social” reasons related to paternal lineage more than anything else - has not changed at all. Surrogacy has also been debated (albeit in a smaller scale) in Turkey in the past decade, usually within the same social-legal-religious framework that defined the gamete donation discussion (*Milliyet Daily* 2001b).

But while government officials and religious scholars (either as bureaucrats or scholars commenting on the issue in the news media) consistently argued gamete donation is socially, religiously and legally admissible within the Turkish society unless marriage (religious and/or civil) takes place between the donor and the recipient, families found ways to circumvent the opposition. In fact, the first “Turkish” ovum bank was opened in Cyprus by Turkish physicians in 2007, and by 2008 it was reported that around 100 Turkish women every month came to Cyprus to get impregnated (*Milliyet Daily*

2008). In the same news report, it was also stated that higher income Turkish families were usually going to the United States for ovum donation, the middle class families to Cyprus, and lower-class families to Crete in Greece (*Milliyet Daily* 2008b). In the end, the Turkish government in 2010 completely criminalized impregnation by using gamete donation, and set a three year imprisonment sentence for families who sought donation locally or internationally, as well as for the doctors who offered references for foreign providers. What is more, the legal change also contained women getting pregnant in Turkey from sperm from a man other than her husband (*Milliyet Daily* 2010a). The reason given for this legal change was as vague as how precisely the government was hoping to crack down on families/individuals who got impregnated by using a donor and/or abroad - the only statement made was that the underlying reason for criminalizing gamete donation was to “protect race...not in the sense of protecting the Turkish or [other] particular genealogical line, but protecting lineage in the sense of fore-bearers” (*Milliyet Daily* 2010b)¹⁰⁵.

Protecting paternal lineage (implicitly including its racial or ethnic character) was not a new reason for opposing assisted reproduction in Turkey, and it has always demonstrated the central principles and concerns of allowing new reproductive technologies. In that light, the discussions and considerations over assisted reproductive technologies singly targeted female infertility (given fore-bearers were understood as male), and prioritized keeping the biological tie to the father over any other concerns. In

¹⁰⁵ Later in 2010, the Minister of Health Recep Akdag made a statement on CNN Turk and argued “protecting race” was a wrong “interpretation” of the law, and that it primarily aimed to clarify “paternal lineage” and to detect fatherhood (“Bakanlikten Sperm Bankasi Aciklamasi [Sperm Bank Explanation from the Ministry]” 2010).

addition to these biological considerations, that the “lineage was protected” also meant there would be no potential reference to adultery or extramarital sexual practice on the account of the woman. In addition to the existing concern over inheritance (which was presumed to come from the father), the sole biological and sexual authority over the woman and any children were central to the debates and discomfort over assisted reproduction. In that sense, I do not think gamete donation was a necessarily “hazardous” technology but one that became threatening because it would potentially open up the road for sperm donation.

VI. Conclusion

Aided by the contentious debate and public statements during the AK Party period, abortion started to shed its previous depoliticized meaning in Turkey. In consequence, despite its unchanged legal status, the meanings abortion took (as “murder”, “sin”, “callous act”) helped make it a less socially acceptable reproductive service to demand and to supply. Indeed, during the family planning debate of the 1960s there had been representatives who also named abortion a sinful act or an act of murder. And even after its legalization in 1983, the governments following the military regime did not always include politicians that were particularly sympathetic to family planning or abortion. However, that the three-term government which had garnered a lot of political support along the way, as well as the most powerful political figure in Turkey, came out as strongly against abortion was a new development.

As a result of abortion becoming a contentious issue during the 2000s shook its unspoken, ambiguous, and depoliticized nature in Turkey - which also made it possible for more people to openly oppose it as well as for more physicians and hospitals to shy away or refuse to offer it within its legal range. In the end, recent debates on what abortion and birth control “actually” meant it has become legitimate to oppose abortion and birth control without fearing backlash from the military or the elites. The politicization of reproductive policies by conservative AK Party also provoked counter-arguments that started to define abortion and birth control as “women’s rights” for the first time in Turkish history. The abortion debate in that way has come to resemble the American abortion debate with similar “pro-life” and “pro-choice” arguments being used by both sides. Especially given the rise of the anti-abortion movement in the Western world, reproductive politics in Turkey became increasingly concurrent with the international developments with regards to reproductive politics as well. However, the most practical and detrimental consequence of this shift has been the corresponding limitations on access to birth control and abortion in state hospitals, and a semi “undergrounding” of abortion services despite its legal status. The institutional and discursive dimensions of abortion in Turkey separated from each other once more, only this time in the exact opposite way of the pre-1983 period.

CHAPTER VI

CONCLUSION

The overall political framework within which the family planning initiative was born in Turkey was dominated by both internal and international political exigencies. With the domestic will to pursue family planning as a developmental and public health tool, it was more a result of international alliance rather than foreign conspiracy. On the one hand, how to accomplish developmental goals most effectively while “elevating” the “quality” of the Republican Turkish nation was an internal political debate which had its opposing sides. The bureaucratic push for family planning by Republican elites such as economists and medical professionals emerged from the institutions they had created shortly before while the state expanded its institutional structure. For that reason, family planning was primarily a biopolitical matter in Turkey that emanated from developmental and public health perspectives and did not lead the way to a meaningful debate over reproductive rights or autonomy. Although opponents of the law did voice concerns pointing to its potential harm to public morality, the most contentious problem of the law for them was also what contraception would do for developmental plans, and how a decrease in the population would affect national security. For many opponents of the law, birth control would be detrimental as development could be achieved by other means (especially introducing intensive agriculture or industrialization), and family planning was at times defined as malevolent foreign intervention. In short, when the family planning initiative became a matter of political debate during the 1960s, Turkey was still a young country

which had come out of a coup with a very different kind of constitution that depended on new and expended state institutionalization carried out by elite bureaucrats who were concerned with accomplishing developmental goals within the precarious international Cold War structure they had found themselves in. Population and public health was an important component of making developmental goals possible, and the current state of the Turkish nation was objectively in need of better access to more comprehensive healthcare. The international push to disseminate the word and practice on family planning through multinational and American NGOs was both a collaborator and the primary source of information and call on family planning for Turkish bureaucrats. And for both Turkey and international family planning agencies, birth control was the answer to developmental and social “goals and necessities” since the 1960s. Both were inherently concerned with the “threat of poverty” and public health problems caused by "excessive" fertility - something that women were held responsible to in Turkey as well as in other contexts around the world.

The female imageries used during the process of family planning initiative was also very conducive to the kind of “needs” that birth control “responded” to. While the urban woman was a secondary target audience, the depiction of the rural woman as a desolate, ignorant, helpless woman who wants to limit birth but is not able to justified the family planning cause in Turkey. Indeed, at the time healthcare of any kind was severely lacking in rural (and in most urban) areas, and high fertility rates combined with lack of access to healthcare did mean exceptionally high maternal and infant deaths among lower class families across the country. But the construction of the discourse surrounding the

need for family planning in Turkey during the 1960s defined and approached mothers and women as helpless, ignorant masses which should be educated top-down. The call for lending a helping hand for the selfless and desolate Turkish mothers were heard across the board, but the nature of their identification and their isolation from the social world they inhabited as married women in highly unequal relationships were overlooked entirely. The imagery of the rural Anatolian mother enabled the family planning initiative to gain cogency, but made women who were supposed to benefit the most from contraceptive liberalization powerless and unauthorized subjects. In the end, the biopolitical considerations that coincided perfectly with the gendered ideals of the Republican modernization project produced a family planning initiative which neither aimed to provide women with more options to control their fertility (Behar 1995), nor give them voice over their reproductive capacities. In the end, the effort to liberalize contraceptives was not only hard-won but good-intentioned and absolutely necessary, but also insufficient and alien to most Turkish citizens.

In that sense, legalization of modern contraceptives was a necessary and critical change, but its symbolic existence was more influential than its impact on daily reproductive practices in two ways. First it was a step towards to “modern”, “enlightened” Turkey where women could be “educated” as mothers and reproducers (rather than individuals by themselves). Secondly, it cemented the gendered imageries that will be used for the coming four decades to justify national family planning efforts. Until the radical changes over population discourse during the AK Party governments of 2000s, gendered dualities of urban/rural women will be expanded, and diversified into

even more divisions within women themselves. The debates of 1960s over family planning not only solidified the class and gender dichotomies within and between urban/rural citizens, it also positioned reproductive practices according to these differentiations. For example, the debate over whether it would be the individual or the family who could access contraceptives once they were legalized defined how “reproductive rights” could be understood, and how much it could be stretched in Turkey. Although in the end it was stated in the law that “individuals” could access contraceptives, the debate being constrained within the family-individual dichotomy meant it never actually became about women’s rights, women’s bodily or reproductive autonomy.

Patriarchal family structures were not the only obstacles against defining legalization of contraceptives as a reproductive rights issue either. Within the Republican Turkey of the 1960s where the educated elite were a revered minority, the scientific license of the medical profession made physicians the utmost authority over who should and could use contraceptives. In other words, even though the law was defined and debated within a patriarchal framework, it was not the husbands who had the final say with regards to reproductive access, but it was the doctors. The desolate Anatolian mother was not necessarily up against the husbands in the spirit of the law, but the scientific legitimacy and class supremacy of (overwhelmingly male) doctors and other male elites. Legalization of contraceptives as well as of abortion were not matters of women’s rights, but scientific responses to the biopolitical concern over population increase and women’s health. In that light, contraceptives and abortion were technical

tools that could be implanted in the society to answer biological and developmental problems, not to aid existing power asymmetries between married couples or between rural women and urban doctors. The freedom to “choose” contraceptives or abortion thus did not exist as it is assumed in the gender reform literature. They were to be used within the existing gendered and classed hierarchies in the society to hinder population increase while at the same time aiding women’s health. The women were to be educated into “choosing” contraceptives – which was an act of choosing only in name, and they could only do so within the existing technical and social limits. On the other hand, legalization of reproductive alternatives is indeed the foundation of any meaningful autonomy with regards to one’s reproductive capacities, and as far as we know, the Turkish state did not coerce or punish families who opposed to use family planning services. Nevertheless, legal access to contraceptives and abortion in Turkey as it was imagined in the 1960s and in the 1980s were less about autonomy than promoting a deeply biopolitical family planning ideal which was in perfect compliance with the existing gendered and classed institutions of the time.

The response from those families specifically targeted by the family planning programs, however, was not one of compliance but an implicit disregard and/or strategic use – not necessarily to reduce birthrates per se but to control births in light of their own reasons. Abortion was a particularly useful tool for many lower class and recently urban families in that it allowed the continuation of existing sexual and contraceptive practices while allowing families to control births within the socioeconomic constraints of urban life. In the end fertility did come down in Turkey to 2.16 children per family, but most of

the work was done by the families themselves, and independently from what the state asked from them. In a sense, family planning projects of Turkey showed the “limits of the sovereign state” with regards to “regimenting” individuals and families (Wacquant 2009, 299), while at the same time discriminating them through discursive differentiations.

The following AK Party period, I think, has been both a break and a continuation of the previous period. On the one hand, AK Party governments re-politicized contraception and abortion, which made it a matter of “rights” for the first time in Turkey. Bringing forward the clearest opposition to family planning and legal abortion in Turkish politics until now, it opened a debate about what abortion and contraception meant in Turkey. At the same time it completely reversed the historical legal-social dichotomy with regards to reproductive technologies by trying to make legal abortion less socially acceptable. By curbing access to free contraception and abortion in state institutions in a de facto manner, it not only harmed a very important health service for lower class women, but also put forward the sense that low fertility, birth control, and especially abortion were unwelcome within the Turkish society.

On the other hand, in its opposition to abortion, AK Party was not as outside the Republican framework which had made abortion legal in the first place. In other words, AK Party had more continuities than expected with the Republican discourse despite wanting to decriminalize abortion. What’s more, the conservative standpoint of AK Party was also made easier by the conservative and gender-excluding nature of the Republican reasoning for legalizing abortion. Because the military government in 1983 had legalized abortion with a reference populational and health concerns rather than any reference to

rights or reproductive freedom, abortion had never been recognized as the Turkish state as a “right” that women now had. Abortion was legalized primarily to make it safer as a birth control method at a time reducing fertility was seen as a national goal, and it had more relevance for lower-class women who ended up constituting most patients at state hospitals, rather than their upper-class counterparts who already had relatively safe and secret abortion options through private practices. Within the existing populational discourse at the time, it was more a matter of reducing births that were “too much” - especially in lower-class families¹⁰⁶. Almost 30 years later, the AK Party government was also driven by populational concerns above all, but this time the concern was fertility decrease, and mostly among lower-class and middle-class families who also constituted big portion of the AK Party voters. Observing the fertility “crises” which many European and other governments were facing in terms of aging working population, Erdogan’s support for increasing fertility was also as biopolitical as its Republican precedent. At the same time, however, it had its own classed, gendered and social biases. From the AK Party point of view, previous elites had tried to cut down on the main moral and social constituency of the Turkish nation, middle of the road families who were discriminated

¹⁰⁶ I think this also extends to Kurdish families. I do not think the “state” (as a uniform actor) had the deliberate and concrete plan of “eradicating” lower-class or Kurdish families - this of course does not mean there might not have been those who would have been sympathetic to such a cause. I do not think the populational goals or projects in Turkey at any point in time went to such extremes, be it because of ideological, political or infrastructural reasons. Nevertheless, this did not keep it from being discriminatory towards both lower-class families and Kurdish families either. The populational goals of the 1960s and 1980s did target poor families as their primary target for limiting births within a classed and biopolitical logic. Families that did not conform to the “modern” Republican ideals with regards to rationalizing their existence (which also included big Kurdish families regardless of class) were “too big”, “uneducated”, “unemployed” and “socioeconomically problematic” for the elite Republican framework. There was a clear ethnic bias in the Republican goals for family planning, one which did not come to a point of concrete action but one never lost its sociocultural and classed differentiations it made between Turkish and Kurdish fertility.

against for being lower-class, which was symbolized as “uneducated” and “ignorant”. So in a sense, Erdogan turned the previous populational discourse on its head both to put an end to the family planning programs, but also to change the value given to lower and middle-class Anatolian or the newly urbanized families. By opposing fertility decrease and family planning, Erdogan both showed its support for prioritizing the core of the Turkish nation as well as pointing to a future where devout and traditional families outnumbered Westernized elite families.

Overall, I think the trajectory of Turkish reproductive politics since the 1960s has been a story of social justice, one that had both institutional and discursive foundations. Contrary to our understanding of what gender reform, or liberalization of reproductive technologies would mean for women, the legal changes in Turkish reproductive policies did not provide much room for empowerment for women. The disconnect between “liberalizing” reproductive reforms and the regressive discursive framework within which they operated did not remake the existing socioeconomic and gendered power asymmetries in sexual and familial relationships in Turkey. In that sense, I think it is crucial to complicate what “legal” abortion and access (or lack thereof) to other reproductive technologies means for different groups of women within a context in light of both institutional and discursive evolution.

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